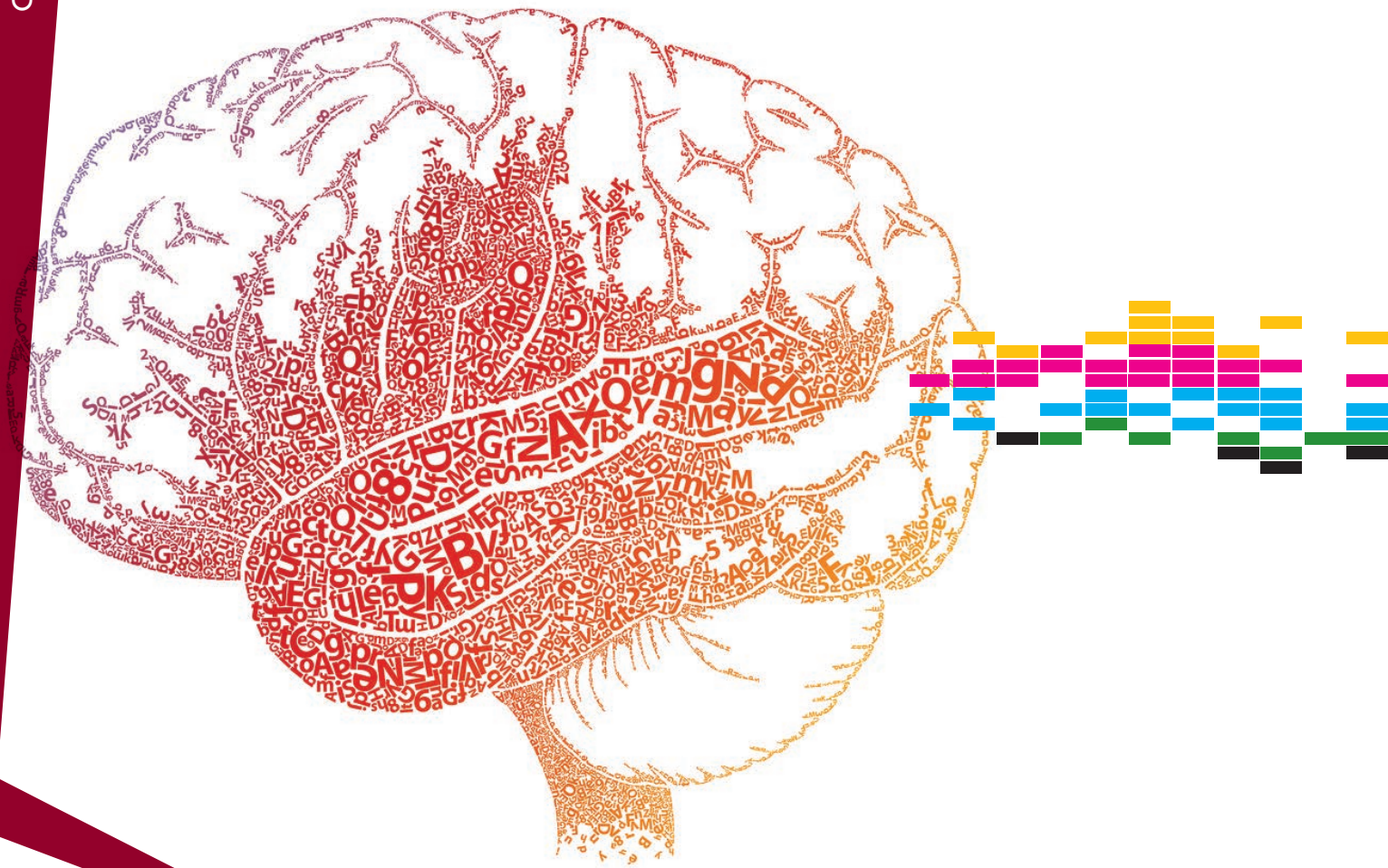


BEYOND THE HEADLINES

BRINGING YOU INTO THE CONVERSATION



UNIVERSITÉ
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LIVING WELL AND STAYING HEALTHY

CONCORDIA'S 2013 CONVERSATION SERIES,
IN PARTNERSHIP WITH *THE GLOBE AND MAIL*

This year, Concordia research experts and their intellectual counterparts unlocked the secrets to *Living well and staying healthy* in a four-part national conversation series co-hosted by *The Globe and Mail*.

Moderated by senior *Globe and Mail* journalists André Picard and Sophie Cousineau, the series engaged capacity crowds in animated discussions that sought to further our understanding of the relationship between physical and mental health.

Naomi Wolf and Jim Pfaus on SEXUAL DESIRE

February 7, 2013: Feminist author Naomi Wolf and researcher Jim Pfaus, from Concordia's Center for Studies in Behavioral Neurobiology, sat down to discuss our evolving understanding of sexual desire.

Find out more on page 4.

Mark Bittman and Jennifer McGrath on OBESITY

March 19, 2013: Renowned food journalist and author Mark Bittman joined psychologist Jennifer McGrath, from Concordia's Pediatric Public Health Psychology Lab, to compare notes on their efforts to tackle the obesity epidemic.

Find out more on page 10.

Mary Deacon and Steve Harvey on MENTAL HEALTH IN THE WORKPLACE

April 18, 2013: Concordia researcher Steve Harvey spoke with Mary Deacon, chair of the Bell Let's Talk campaign, about the importance of mental-health awareness and education in the workplace.

Find out more on page 16.

Ed Whitlock and Louis Bherer on EXERCISE, LIFESTYLE AND AGING WELL

May 1, 2013: Eighty-two-year-old marathon runner Ed Whitlock, who is still setting world records, talked with Louis Bherer, director of Concordia's PERFORM Centre, about the importance of exercise in staving off the effects of aging.

Find out more on page 22.



BEYOND THE CONVERSATION SERIES

Concordia's RESEARCH, ACHIEVEMENTS and EXPERT INSIGHT made headlines around the world this year.

Find out more on page 2.



Join the conversation online at Concordia.ca/CUtalks2013



Research can change the world for the better, one idea at a time.

At Concordia, our research bridges classroom, lab and studio. It is multidisciplinary, relevant, and connected to the world at large. It influences thinkers, policymakers and leaders in wider society.

Ours is an open and diverse university, built on a tradition of innovation. Our research engages all levels both within and outside our campus — from our undergraduate and graduate students to our faculty and the general public.

Our PERFORM Centre, a state-of-the-art clinical research facility that promotes healthy living, is just one example of this commitment to knowledge and community.

Overall, we have 18 university-recognized research units and almost 100 research chairs and special professorships. Research disciplines range from aerospace, environmental genomics and human rights to new media, psychology and sustainable business.

One way to be part of the research dialogue at Concordia in 2013 was through a series of public conversations between our researchers and their renowned counterparts from outside the university on the topic of living healthy and aging well. Created in partnership with *The Globe and Mail*, the series' four conversations were recorded live before capacity audiences at the university.

Read about the people and those compelling exchanges in this edition of *Beyond the Headlines*. Watch the interviews and join the conversation at: **Concordia.ca/CUtalks2013**

Concordia is an emerging force in research, and there are many more conversations to come. Our vision is to provide innovative opportunities for outstanding students, faculty and researchers so that their brilliant ideas, incubated at Concordia, can be as transformative for society as possible.

Alan Shepard

President, Concordia University



STARTING CONVERSATIONS ON THREE CONTINENTS

Concordia's research, achievements and expert insight made headlines around the world this year.



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DECODING HUMAN NATURE

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SMALL PLANET  BIG THINKING

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LIVING WELL AND STAYING HEALTHY

NAOMI WOLF AND JIM PFAUS TALK SEX

Concordia University-Globe and Mail 2013 Conversation Series, February 7, 2013

MARK BITTMAN AND JENNIFER MCGRATH TALK OBESITY

Concordia University-Globe and Mail 2013 Conversation Series, March 19, 2013

MARY DEACON AND STEVE HARVEY TALK MENTAL HEALTH IN THE WORKPLACE

Concordia University-Globe and Mail 2013 Conversation Series, April 18, 2013

ED WHITLOCK AND LOUIS BHERER TALK EXERCISE, LIFESTYLE AND AGING WELL

Concordia University-Globe and Mail 2013 Conversation Series, May 1, 2013



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I THINK IT'S FASCINATING THAT,
WITH MORE PORNOGRAPHY AND
MORE INFORMATION ABOUT SEX
THAN WE'VE EVER HAD BEFORE,
WOMEN ARE NOT HAVING GREAT
SEXUAL OUTCOMES.

– NAOMI WOLF

In her latest book, *Vagina: A New Biography* (2012), renowned feminist author Naomi Wolf reveals an alarming statistic from a recent study by the American Psychiatric Association: 27 to 34 per cent of women experience low sexual desire. “This percentage has risen in the four decades since the height of the sexual revolution,” she writes.

James Pfaus, a professor at **Concordia’s Center for Studies in Behavioral Neurobiology**, is trying to change that. He has spent more than two decades studying the physiological and psychological factors that influence sexual desire and behaviour, and his research has made significant gains in our understanding of libido.

IT’S NOT YOU — IT’S SOCIETY

As Pfaus explains, incentives in our environment activate dopamine neurons, which, in turn, elicit brain signals that incite us to go after what we want. In the case of the female rats in his experiment, it was sex they were after.

“What you get when you don’t inhibit dopamine is shown by one of my female rats, who just goes right up to a male, wiggles her ears, kicks him in the face and runs away,” says Pfaus. “He has to chase her, and if he doesn’t chase her, she’ll go back, mount him [and] then hop over him, telling him to ‘do this to me now.’ There’s no culture that’s telling her not to do that.”

Wolf says she was amazed to see the different behavioural responses of rats in the control group and those whose experience of sexual pleasure and reward had been blocked. Wolf claims it reveals the vital role played by the autonomic nervous system in women’s experience of sexual pleasure.

Pfaus’s research findings form one of the cornerstones of Wolf’s book, in which she attempts to reframe understandings of female sexual desire.

“Female sexual pleasure isn’t just about an orgasm,” she says. “It’s also about valuing and supporting women in feeling good about themselves. And knowing what makes them happy is about empowering them in other areas of their lives as well.”

THE SCIENCE OF SEX

When Wolf observed some of Pfaus’s experiments at his lab, she was astonished to discover just how far the science has come — despite dismal numbers that show so many women having what she calls “disappointing sexual experiences.”

Wolf recalls one such experiment in which female rats demonstrated the powerful role played by the neurotransmitter dopamine in promoting female sexual desire. “I felt strangely freed by seeing how directly nature, or evolution, had placed intense female sexual desire firmly inside every little female mammal on earth.”

“Dopamine is an incredible neurotransmitter, especially from a feminist perspective, because it’s about motivation, focus, assertiveness, feistiness, drive,” Wolf says.

Cultural inhibitions could act in the same way as chemical inhibitors, Wolf concludes in *Vagina: A New Biography*. Pfaus also believes that negative stress brought on by attitudes that are prevalent in our society could diminish the production of pleasure-seeking chemicals: “If the culture says I’m unladylike if I want to have sex, it’s the frontal lobe shutting down dopamine. OK, I’m not going there. I’ll learn to sublimate. I’ll never understand it as something that I own.”

Pfaus praises Wolf’s work in bringing to light some of the underlying issues surrounding society’s understanding of women’s sexuality.

“This book is a bit of a revelation,” he says. “It helps us to reflect on what we don’t know, so that we can start to explore ourselves.”

43 PER CENT OF WOMEN
EXPERIENCE SEXUAL
DYSFUNCTION, COMPARED
TO 31 PER CENT OF MEN.

Journal of the American Medical Association,
February 10, 1999, Vol. 281, No. 6

**THE BRAIN-VAGINA
CONNECTION**

NAOMI WOLF:

I knew there was a brain-vagina connection... It started me on this journey, interviewing some of the leading scientists doing the most cutting-edge, extraordinary research, like Jim Pfaus here at Concordia University. In the last 10 or 15 years, there have been some amazing discoveries about the brain-vagina connection, and these discoveries explain so many mysteries about the female condition.

JIM PFAUS:

When you see something you want, you go after it — what is propelling you to do that? Well, your brain has to kind of deconstruct what it gets and say, “OK, that is an incentive. I want to work for that. I want to do that. I want to go there.”

That forward directive locomotion is driven by dopamine as it is activated by incentives in the environment... We know this is true for drug addiction, we know this is true for maternal behaviour, and we know this is true for sexual behaviour. It seems to play a global role.

Naomi says dopamine is a feminist neurochemical. I remember reading that, going, “Wow! That’s poetic.” Why is it poetic? Because it’s right.

**SEX IS POTENTIALLY
VERY REVOLUTIONARY**

NAOMI WOLF:

I think the sexual revolution has not been revolutionary for women. I think it’s fascinating that, with more pornography and more information about sex than we’ve ever had before, women are not having great sexual outcomes in the numbers that they deserve and that we would expect. I think the sexual revolution hasn’t begun.

NAOMI WOLF

American author Naomi Wolf’s first book, *The Beauty Myth* (1991), challenged the cosmetics industry and the marketing of unrealistic standards of beauty, and launched a new wave of feminism in the early 1990s.

In her latest book, *Vagina: A New Biography* (2012), the author, social critic and political activist takes readers on her personal journey to discover how biological and cultural forces impact the connection between women’s brains and their sexual organs.





SMALL PLANET  BIG THINKING

THE NO. 1 ITEM THAT'S
ASSOCIATED WITH NOT
RETURNING TO DRUG
ABUSE IS BEING IN AN
INTIMATE RELATIONSHIP.

– JIM PFAUS

CENTER FOR STUDIES IN BEHAVIORAL NEUROBIOLOGY

- Researches the fundamental brain mechanisms that underlie motivation and learning
- 30 years old in October 2013
- More than 30 members
- 15 laboratories in 3 Montreal universities

I actually do think that sex is potentially very revolutionary. This mix of dopamine and opioids and oxytocin is a very revolutionary mix. It makes you find bliss at home, instead of at the shopping mall, for example.

That's revolutionary, and it makes people courageous, and it makes them have a sense of meaning beyond what their job title might give them and these other forms of social awakening.

JIM PFAUS:

Sex doesn't begin and end with an erect penis. It begins and ends long before that and long after that. I think understanding what those repercussions are, and how they're played out in our daily lives, is incredibly important, and it's one of the take-home messages of the book.

USE IT OR LOSE IT

JIM PFAUS:

The most synergistic thing you can do is have sex... This is synergy with your entire body, and you're doing something that makes you feel good... and you're doing it together.

It's about attending to the other person. Rats show this, and so do all other mammals. They don't just mate. They attend to each other and they show all this beautiful courtship behaviour that involves synergy.

When sex is good, it's wonderful. And so is knowing how that works and knowing how the brain processes that. And knowing that rats process it in exactly the same way that humans do — with the same brain areas, the same neurochemical systems activated — helps us.

NAOMI WOLF:

I learned from Jim Pfaus and the outcome of some of these amazing experiments he was doing that female sexuality and female sexual response has a "use it or lose it" quality.

Jim found that female rats, after just five or six experiences of negative, bad sex, withdraw from sex and fight the males.

The other amazing thing is that Jim's team associated sexual pleasure with certain scents and bad sex with other scents. Very quickly, the females, even when they could feel pleasure again, fought off the males who reminded them of, and who smelled like, bad sex. So there was this prefrontal cortex activity going on. These lower mammal rats were thinking about bad sex and strategizing how to avoid it. ■

JIM PFAUS

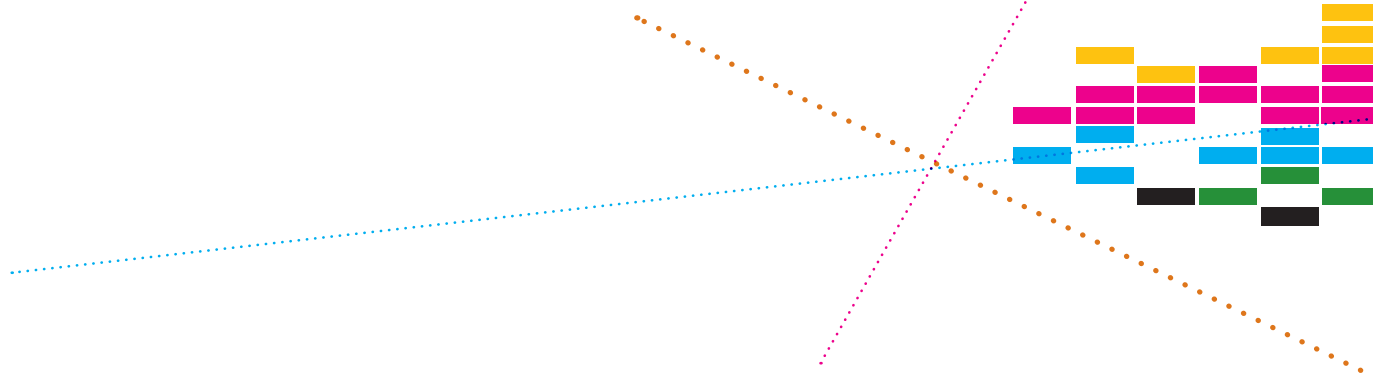
Pfaus and his team at Concordia's Center for Studies in Behavioral Neurobiology (CSBN) conduct award-winning research on the physical and psychological barriers to a fulfilling sex life, and help pharmaceutical companies develop drugs to treat sexual dysfunctions.

Pfaus's research also addresses some of the side effects of drugs like antidepressants and creates therapies that hold promise for treating drug addiction and sexual disorders. He is associate editor of the *Journal of Sexual Medicine* and the *APA Handbook on Sexuality*, and serves on the editorial boards of the *Annual Review of Sex Research*, *Behavioral Neuroscience* and *Physiology & Behavior*.



YOU'VE GOT TWO KIDS, YOU'VE GOT
HOCKEY, YOU'VE GOT SOCCER, YOU'VE
GOT THIS, YOU'VE GOT THAT. PEOPLE
FORGET TO MAKE TIME FOR SEX.

– JIM PFAUS



WHAT READERS TOLD ME IS THAT
THEY FIND PLEASURE ALL KINDS OF
DIFFERENT WAYS — AND THEY FINALLY
FEEL EMPOWERED TO FOREGROUND IT.

– NAOMI WOLF



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IF YOU'RE REALLY STRESSED,
YOU ACTUALLY CRAVE
DIFFERENT FOODS, AND
YOU EAT DIFFERENTLY.

– JENNIFER McGRATH

In a 2008 study conducted by psychology professor Jennifer McGrath and her Team PRODIGY colleagues, Canadian children were shown a series of silhouettes that ranged from scrawny to obese. They were then asked to identify the image that most resembled themselves.

“Overweight and obese kids were more likely to misperceive their weight compared to other kids. In fact, they thought they were more average than they were,” says McGrath, who is the director of the **Pediatric Public Health Psychology Lab** at Concordia.

These findings, which were published in the *International Journal of Obesity* and featured in a *Time* magazine article by Dr. Sanjay Gupta, indicate a major obstacle in

ONE HEALTHIER MEAL AT A TIME

McGrath believes that change must be approached at several levels, from parents to society as a whole. Parents serve as positive role models and have the ability to be agents of change by staying active and eating healthy food, while greater social change comes through such things as public health regulation of available foods and physical activity opportunities in school, and even school start times.

“I think it’s important, regardless of whether it’s the mother or the father... that modelling is occurring with one of the parents, even in single-parent households,” she says. “The bottom line is, they are setting an example, and

helped him lose 35 pounds (16 kilograms) and avoid having to take medication for diabetes. The diet, which he still adheres to, involves eating only vegan food before 6 p.m. In the evening, Bittman allows himself to consume anything he wants, though only in moderation.

“We all need to find some kind of path to eat better,” he says. “This is what worked for me. I think it might work for other people or I wouldn’t have bothered to write this book.”

Both Bittman and McGrath argue against taking drastic measures to change the way we eat, as most are unsustainable and unrealistic. Instead, they insist, it’s better to start with small steps that can be as simple as getting a good night’s sleep.

TACKLING THE OBESITY EPIDEMIC

the fight against obesity: If children don’t recognize they have a weight problem, it makes it very difficult to encourage them to do something about it. “The most fascinating thing was that the size of the kids around them was one of the best predictors of their misperceiving their own size,” says McGrath.

New York Times columnist Mark Bittman recognizes the seriousness of this obesity epidemic and has advocated for radical measures like stronger government regulations on food made available to children and the addition of warning labels to certain foods.

“Certainly there is personal responsibility, and some of us are better than others at regulating our diet,” he says. “But the onus really lies on the manufacturers and the marketers, and on our governments, to regulate this — to limit the sale of junk food and soda to kids, for example.”

showing their children the importance of healthy eating, cooking and doing physical activity as part of their daily, regular routine.”

People would be a lot healthier if they just cooked more often, Bittman adds. “It’s the single simplest solution, but there’s a difference between simple and easy,” he says. “You have to have the time to shop and cook. You also have to have the skill and the will to cook.”

Both McGrath and Bittman say that limiting individual portion size helps fight obesity, citing various studies that show that people often overestimate how much food they need to eat in a single sitting. “When you go to restaurants, the portions are huge,” says McGrath. “That’s what you start to look at and see and think, ‘That’s what a normal portion size is.’”

Bittman’s latest book, *VB6* (2013), outlines a unique dietary regimen that

“The research we’re doing now is looking at how, when you sleep less, it actually triggers your appetite hormones,” McGrath says. “So the hormones that drive your appetite and your hunger levels change when you sleep less. And these are the same hormones that get triggered when you are stressed. What is quite fascinating is that these cravings are for specific types of foods — salty, sugary, fatty foods.”

Bittman suggests taking it one healthier meal at a time. “If you change one meal a day, you’ve changed your diet by 35 per cent. That’s a big deal,” he says. “If you change one meal a week even, you’ve changed your diet by five per cent, which is progress. I think that the important thing is to see progress in your life.”

THE MAJORITY OF
CANADIANS **DO NOT EAT**
THE RECOMMENDED DAILY
MINIMUM OF 5 SERVINGS OF
VEGETABLES AND FRUIT.

Canadians' Eating Habits, Statistics Canada, 2007

THERE WILL NEVER BE A SMOKING GUN

JENNIFER McGRATH:

We know that a lot of behaviour, as well as obesity in and of itself, tracks into adulthood... It is important to start looking at kids earlier. The Bogalusa Heart Study actually found evidence of fatty streaks and cardiovascular disease precursors in kids aged 10 years old who had died from accidents, when they did autopsies of their hearts.

It's not years of cumulative exposure to these things that starts to make us develop obesity or cardiovascular disease; it starts early. Childhood and adolescence is a really key, opportune time to think about how to intervene, so that they don't develop these risk factors that later lead to disease.

MARK BITTMAN:

There will never be a smoking gun that's as strong as the smoking gun between tobacco and lung cancer, but there is a lot of very, very strong evidence that high levels of sugar will cause obesity.

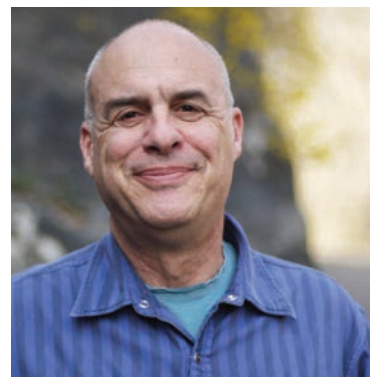
Who do we blame for that? When I was young, everybody smoked cigarettes... It was obviously because nicotine is addictive. I think the parallel between that and overeating and obesity, and especially overeating of junk food and hyper-processed food, is really, really strong. We're talking about availability, what's marketed to children and what habits are developed in youth.

We're all responsible for our own health at some point. And if we understand these things, we can make better decisions. But it's really important to recognize that we are being trained, and we are being, in a way, victimized by the development of food products that are habit-forming, semi-addictive and craveable. We're being marketed to death with those products.

MARK BITTMAN

Bittman has been a professional food writer since 1980. His breakthrough cookbook *How to Cook Everything* was published in 1988, and he began writing for the *New York Times* in 1990.

Other books followed, including *Food Matters* (2008), in which he argues that healthy eating can save the planet. Bittman's latest is *VB6: Eat Vegan Before 6:00 to Lose Weight and Restore Your Health... for Good*. He is a frequent guest on broadcast television.





SMALL PLANET  BIG THINKING

WE'VE BEEN SUBJECTED TO THE
GREATEST MARKETING BARRAGE
IN HISTORY — BECAUSE THAT'S
WHAT THE MARKETING OF HYPER-
PROCESSED FOODS HAS BEEN
SINCE WORLD WAR II.

– MARK BITTMAN

PEDIATRIC PUBLIC HEALTH PSYCHOLOGY LAB

- Focuses on early risk for cardiovascular disease during childhood and adolescence
- Collaborates with the Team Prodigy, AdoQuest and EPOCH teams, which include researchers from CHU Sainte-Justine Hospital and the Institut national de santé publique du Québec
- Launched the Healthy Heart Project in 2005; it has had more than 500 participants
- The Healthy Heart Project is funded by the Canadian Institutes of Health Research

MAKING CHANGE POSSIBLE

JENNIFER McGRATH:

Parents agree that they do not want their kids to be obese. Unfortunately, they often worry that addressing weight will lead to sadness or depression or self-esteem issues or eating disorders, so they avoid the growing problem.

We have a serious epidemic of childhood obesity. In Canada, more than 30 per cent of children are overweight or obese; the rate is even higher for Aboriginal youth. Obesity is becoming the norm. If people don't recognize there's a problem, we can never get them to try shifting their lifestyle behaviours.

One behavioural medicine technique is to encourage people to think about how to move from a place where they don't even recognize that their behaviours are problematic to where they can start thinking about how maybe they could change them, or maybe at least start to think about changing one of them.

We work to motivate people to think about what they can realistically do, and what they can start to incorporate — having them recognize how to embrace even small changes.

MARK BITTMAN:

I think we all need to find some kind of path to eating better... Six years ago, I developed this peculiar, unusual way of eating, which is that I eat very strictly as a vegan until six o'clock every day, and then I eat whatever I want.

This is what worked for me. I think it might work for other people or I wouldn't have bothered to write this book. But I have friends who eat very strictly during the week, and then go crazy on weekends. I have friends who do it the other way around... You can do whatever you want.

The question is: How do you find the strategy that works in your own life? We wouldn't be studying this so hard — there wouldn't be so many people making a living looking at this and talking about it — if it were easy. The question is: How do you find something that works for you and allows you to lead a healthy lifestyle? ■



JENNIFER McGRATH

McGrath is the director of the Pediatric Public Health Psychology Lab at Concordia. Funded by the Canadian Institutes of Health Research, her work examines several factors that contribute to precursors of cardiovascular disease in childhood and adolescence, including sleep, stress, obesity, smoking and income inequality.

Families with children aged 10-15 years who are interested in learning more about sleep and obesity should call the research coordinator at 514-848-2424, ext. 5287, to find out more about the Healthy Heart Project.

OUR LIFESTYLE BEHAVIOURS ARE,
IN FACT, SOME OF THE BIGGEST
PREDICTORS OF EVENTUAL
MORBIDITY AND MORTALITY.

– JENNIFER McGRATH

I LIKE TO THINK THAT NORTH
AMERICA SET THE WORLD STANDARD
FOR BAD EATING... I LIKE TO THINK
THAT OTHER COUNTRIES WILL SEE
HOW WRONG WE'VE GONE.

– MARK BITTMAN



Join the conversation online at Concordia.ca/CUtalks2013



MAJOR ISSUES ARE DEALT WITH BECAUSE
OF LEADERSHIP, BECAUSE OF CLIMATE
AND CULTURE CHANGE. I THINK THESE
ARE GOING TO BE CENTRAL TO US SEEING
CHANGE IN THE AREA OF MENTAL HEALTH.

– STEVE HARVEY

One in five Canadians will experience a mental-health problem or illness in a given 12-month period. The cost of this to the Canadian economy? At least \$50 billion per year.

Yet despite the prevalence and staggering financial ramifications of mental-health problems and illnesses, they do not get the attention of other widespread health issues, mainly because of the stigma surrounding them.

“It’s much easier to ask about someone’s physical health,” says Steve Harvey, dean of the John Molson School of Business. “It’s much more difficult to say, ‘You’ve gone through a depression. Explain to me how things are now.’ It

soon we won’t need a special month to talk about mental health, that every day will be a day when we can talk about it.”

As part of its campaign, Bell is donating millions of dollars to mental-health research institutes across Canada, including **Concordia’s Centre for Clinical Research in Health**, which received \$500,000.

The campaign also includes financial support for community organizations and for improving access to mental-health services. But perhaps most significantly, the company has launched a concerted effort to become a model for other corporations in addressing mental health in the workplace.

resources and tools to help companies build a healthy workplace.

The company also took other internal steps, including setting up mandatory sessions to educate managers on how to talk about mental health with their employees, how to recognize early warning signs and how to use available resources to facilitate an employee’s return to work.

“We made a commitment to education,” Deacon explains. “We said, ‘Let’s build that level of competence and knowledge around mental-health literacy. And, also, let’s create that opportunity for dialogue and for people to be open and exchange.’”

THE SILENT EPIDEMIC: THE CRISIS OF MENTAL HEALTH IN THE WORKPLACE

seems that we’re prying. Getting people to understand that it’s okay to talk about those things is difficult, especially in the business world.”

Harvey insists, though, that businesses need to talk openly about mental health, since doing so is an important part of getting employees with mental-health issues to effectively reintegrate back into the workplace. “Education is at the heart of the solution to it, and I think there are very simple, very clear things that businesses can do to deal with the issues.”

Opening up the conversation around mental illness is the motivation behind a multi-year campaign launched across Canada by Bell in 2010. “The time has come for this issue,” says Mary Deacon, chair of the Bell Let’s Talk mental-health initiative. “I hope that very

TAKING THE LEAD

“At the time we started the program, we asked ourselves, ‘Do we know the path?’ The answer was no, because, really, that path has not been laid in a corporation like ours — there was no playbook,” Deacon says.

To address the lack of guidelines, Bell co-funded the creation of a document called the *National Standard of Canada for Psychological Health and Safety in the Workplace* with the Government of Canada and the Great-West Life Centre for Mental Health in the Workplace.

The document, published by the Mental Health Commission of Canada and its partners, the Canadian Standards Association and the Bureau de normalisation du Québec, provides

Harvey, whose latest research focuses on work-related stress and psychological health and well-being in the workplace, says he’s impressed by Bell’s initiative and the corporate leadership it’s showing in addressing mental health. He says business education is also beginning to emphasize the sizeable impact of mental health on a company’s bottom line.

“We’re becoming attuned to issues surrounding sustainability, and, to me, mental health in the workplace is something that should be part of the sustainability discussion,” he says. “It’s about sustaining a healthy work environment.”

MENTAL-HEALTH PROBLEMS AND
ILLNESSES COST CANADA AT
LEAST **\$50 BILLION** PER YEAR:
2.8 PER CENT OF THE COUNTRY'S
GROSS DOMESTIC PRODUCT.

Making the Case for Investing in Mental Health in Canada,
Mental Health Commission of Canada, 2013

EDUCATING THE OFFICE

STEVE HARVEY:

Occupational health and safety is an example of a standard course that was probably offered in business school for some time, but almost exclusively focused on the physical elements of health and safety... There is growing recognition of the importance of mental health within the field of human resources in particular, but perhaps not so much within the larger area of business. I think that's certainly something that all business schools are going to have to think more broadly about.

MARY DEACON:

We want to address the lack of information, lack of knowledge. We want to help dispel the myths commonly held about people with mental-health issues — that they're lazy, that they're not really sick, that these aren't health issues, that these are personal issues or moral issues.

Managers have a critical role in creating the environment for employees to be successful. And so we actually put in place mandatory face-to-face mental-health training — two to three hours for all of our leaders. We made it mandatory because people don't know what they don't know.

CREATING A BETTER WORKPLACE ENVIRONMENT

MARY DEACON:

For people who've experienced mental-health issues, the gradual return to work is very important. Loud noises, multi-tasking, the environment, bright lights, a need for some silence or some quiet, and a different pace of work while you're readjusting: These are important things.

There has to be a certain civility and respect in the workplace... It's more than having a policy that bullying isn't allowed. We must be respectful in the workplace. It's living those things in

MARY DEACON

Deacon is a seasoned fundraiser and champion of mental health.

Formerly the president and CEO of the Centre for Addiction and Mental Health Foundation in Toronto, she is now the chair of the Bell Let's Talk campaign, a national charitable and awareness program that promotes mental-health initiatives across Canada.





ADDRESSING MENTAL HEALTH
HAS A POSITIVE IMPACT ON THE
BOTTOM LINE, BECAUSE IT'S
REDUCING LENGTH OF ABSENCES,
FREQUENCY OF ABSENCES, NUMBER
OF ABSENCES AND RELAPSE RATES.

— MARY DEACON

CENTRE FOR CLINICAL RESEARCH IN HEALTH

- Studies the psychosocial determinants of physical and mental health
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the workplace. That culture is hard to make happen and, you know, that's what I'm hoping happens through the course of the increased dialogue about sustainability and what it takes to have a healthy workplace.

STEVE HARVEY:

Bullying is not gone entirely. In fact, it's quite prevalent within certain types of organizations. The stereotypical construction industry is perhaps one example. Imagine what kind of behaviour is tolerated within that context versus within the university context. It's going to be different. I think we can all recognize that typically what is accepted will vary. But is that right? Should it be accepted? Because those environments are part of society, and what we're learning from all of those environments has an impact on us all. It continues to be a reality. It continues to be something that we accept.

GETTING THE BOSS INVOLVED

STEVE HARVEY:

We did a wide literature search some years ago, where we looked at interventions that seemed to work for mental health in the workplace or stress reduction in the workplace. One of the key factors that kept popping up was top-management support.

Businesses are busy places... We live in a complex world, where there are a lot of priorities that face us on a daily basis. But, at the end of the day, if you have time for six or seven things, and there are 20 things on your list, you want to make sure mental health is at the top of your list, or else it's not going to get resolved.

Once the top management gets involved, then it becomes the organization that is clearly concerned with it, because they see that this is a priority, and they follow suit. And it

really does take an entire organization working on these issues to make them work in the long run.

MARY DEACON:

There are really four things that are needed: leadership, awareness and education, training, [and] policy and procedures. And, you know, when I talk to companies about awareness and training and the policies and all that, they say, "Yeah, but how did you get that first one? How did you get the big guy?"

Nobody made Bell do this. This was something where the leaders in the organization, the board, the executive, said, "You know what? This is an area that hasn't had the attention. You know this is a cause. It's unacceptable in the 21st century that there's a cause that people won't talk about. It's a health issue that people won't talk about, and we're going to use our asset, which is our brand, to advance this." ■



STEVE HARVEY

Harvey is dean of the John Molson School of Business at Concordia. He has had a long research career spanning the subjects of youth employment, work attitudes, workplace aggression, leadership, performance management and trust in management.

Harvey's latest research examines work-related stress, psychological health and well-being, and organizational interventions to improve health in the workplace.



WE'RE IN AN ERA IN WHICH BUSINESSES
ARE RECOGNIZING THAT THEY'RE A PART
OF A SOCIAL NETWORK OF EXPERIENCES
THAT PEOPLE HAVE, AND THAT THEY
HAVE TO PLAY THEIR PART.

– STEVE HARVEY



SMALL PLANET  BIG THINKING

WHILE **82 PER CENT** OF SENIOR
EXECUTIVES REPORT THAT THEIR
COMPANY PROMOTES A MENTALLY
HEALTHY WORK ENVIRONMENT,
ONLY **30 PER CENT** OF EMPLOYEES
BELIEVE THIS TO BE THE CASE.



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PEOPLE ARE LOOKING NOT
JUST FOR EXERCISE, BUT ALSO
FOR SOCIAL ENGAGEMENT AND
SOCIAL INTERACTION.

– LOUIS BHERER

Ed Whitlock was in his seventies when he began to smash world records in running. At 82 years old, he now holds the world marathon mark for men over 75 and over 80, as well as 15 other world records for various distances in outdoor and indoor track.

Born and raised in England, Whitlock was a serious runner in university, but he gave it up when he moved to Canada at age 21. "I was living in Northern Ontario, and there wasn't much running going on there in those days," he says.

He didn't start to run again until he was 40. "I dabbled in marathons back in those days, but I wasn't very serious about it. It was just a sort of sideline." Everything changed when, in his late

it's such a great example that everybody can do it, and that it's never too late."

Bherer's research focuses on the effects of cognitive stimulation and physical activity on the cognitive decline associated with aging and chronic disease. He points out that though his field is still relatively new, there are already some exciting findings.

"A hundred years ago, we were not aging over 55. So now we have this new ground to do research," he says. What we do know is that if you follow people over a long period of time... those who do exercise more than three times a week, on a regular basis, lower their risk of dementia by up to 30 per cent. This is huge!"

Bherer says people often assume they're too old to begin exercising. But they're wrong: It's never too late, he says. "We need to look at how we can make people more active... and make sure that they will commit to this activity in the long run."

People need to start out by setting reasonable goals for themselves, he adds. After all, not everyone can expect to topple world records.

"If we set ourselves goals, that's where we might agree to go beyond the comfort zone in order to achieve them," Bherer says. "If the goal is to live until you're 100 years old, you'll be ready to break your comfort zone to make sure you achieve that."

THE REAL SECRET TO ETERNAL YOUTH

sixties, he realized that an age-group world record was within his grasp. No man over 70 had ever run a marathon in less than three hours. Whitlock set out to change that.

"I thought, 'Well, that's there waiting for me, and with it a degree of notoriety,'" he says, smiling. In 2003, at the age of 72, Whitlock completed a marathon in 2:59:10.

"Ed is, of course, an inspiration," says neuropsychologist Louis Bherer, scientific director of Concordia's **PERFORM Centre**, a research hub dedicated to preventive health and lifestyle management. "But his life is the common life of a runner. And for me

There are other proven benefits to exercise, too, including lowered risk of depression and anxiety, and improved sleep. "All those have a strong impact on the brain," Bherer says. "It also helps control chronic diseases often associated with age, like hypertension."

IT'S NEVER TOO LATE

Still, statistics show that, despite these benefits, people tend to exercise less as they age. Only one in 10 people over the age of 65 practise vigorous exercise, which is the level of intensity necessary for improved aerobic capacity and physical fitness. Whitlock, in other words, is an exception to the general rule.

PEOPLE WHO EXERCISE MORE
THAN **THREE TIMES A WEEK**
ON A REGULAR BASIS LOWER
THEIR RISK FOR DEMENTIA
BY UP TO 32 PER CENT.

Annals of Internal Medicine, January 17, 2006, Vol. 144, No. 2

**IT'S IMPORTANT TO KEEP
LOOKING AT THE CLOCK**

ED WHITLOCK:

I have a degree of dogged persistence, which helps me through. There have been marathons that I've finished where I've felt great and felt I could have kept running. In fact, my fastest time, when I was over 70, I felt I could have kept running for several kilometres more. Whether I could have done it, or not, I don't know. In other cases, I've wondered if I could take another step.

It's important to keep looking at the clock. You have to time yourself. Keep to the pace. And I have a pretty good idea of what I'm capable of before I start. As long as I'm disciplined enough and don't get overly ambitious and stick to that pace, things generally work out well. The trouble for me and most other marathon runners [is that] we become ambitious, and for that we sometimes pay a horrible price.

**EXERCISE HAS
NO AGE LIMIT**

LOUIS BHERER:

One thing we often see when we work with older people is ageism — they're acting against themselves. Just because of their age, they have a certain attitude and a reaction towards exercise. If we tell people who are over 75 years old, "You have hypertension, and you should do exercise; it's good for your hypertension." They'll say, "Well, at my age, I shouldn't start exercising, because I've never done that before." This is a bit bizarre to me.

Sometimes I tell people to close their eyes and pretend they don't know their own age. What age do you want to be? And when you answer that, you should think about what you can do. What exactly can you do? Well, some people come out and say, "I can bike. I can run — I've done that before. I can do that and that and that," just because they forgot about their age.

ED WHITLOCK

Ontario resident Ed Whitlock is the only person in the world over the age of 70 to have run a marathon in less than three hours, a feat he has accomplished on three separate occasions.

Now 82 years old, Whitlock also holds marathon world records for men over 75 and over 80. He currently holds 15 other age-class world records in track for various distances.



NOW YOU HAVE ALL THESE AGE
GROUPS, SO YOU LOOK FORWARD
TO YOUR NEXT FIFTH BIRTHDAY.
WHEN YOU GET TO 85, THERE'S A
WHOLE NEW GROUP TO CONQUER.

— ED WHITLOCK



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LOUIS BHERER

Bherer is the scientific director of PERFORM, a research centre at Concordia that is dedicated to preventive health and lifestyle management. He is also a researcher and lab director at the Institut universitaire de gériatrie de Montréal.

Prior to coming to Concordia, Bherer held the Canada Research Chair on aging and the prevention of cognitive decline (funded by the Canadian Institutes of Health Research) from 2010 to 2012. He has published more than 60 scientific papers, co-authored a comprehensive book on aging and cognition, and been a guest lecturer at more than 60 different venues around the world.

ED WHITLOCK:

People say to me on occasion, "You're an inspiration." And I don't really know how to respond to that. I don't think I'm a terribly inspiring kind of person. I'm much too low-key and I'm not one of those people who stands up before marathons to say, "You can do it!" That's not in my nature. I'm not like that. But I certainly agree with the idea that old people can be their own worst enemies. They don't do things because they just don't feel they can.

Some people even say that it's not good for you to run. I went to see a joint specialist, about seven or eight years ago, when I was having knee problems,

and she said, "Your running days are over." You get all sorts of advice, but you don't have to believe everything you're told.

CONNECTING RESEARCH TO THE COMMUNITY

LOUIS BHERER:

There's more research going on than before, but I think it has to be more connected to the community... We do more research, we have more fancy equipment to do exercise, but, in fact, people are less active than ever. So I think there's a big translational process that isn't occurring right now.

I wish we could at least communicate the major effects that we see when we scan a brain that has been doing some exercise for six months — when we do a pre- and post-scan and see the difference between the two.

I wish people could see that and think about what's good for them in their lives... If you take someone who doesn't do sports and you get them to engage in a regular exercise regimen, you'll see huge effects. ■



EXERCISE IMPROVES COGNITIVE
PERFORMANCE AND DELAYS AGE-
RELATED COGNITIVE DECLINE.

Reviews in the Neurosciences, April 2011, Vol. 22, No. 2

OUR RESEARCH MONEY SHOULD
GO TOWARDS FINDING OUT HOW
WE CAN MAKE PEOPLE MORE
ACTIVE AND HELP THEM TO
SUSTAIN THEIR ACTIVITY.

– LOUIS BHERER

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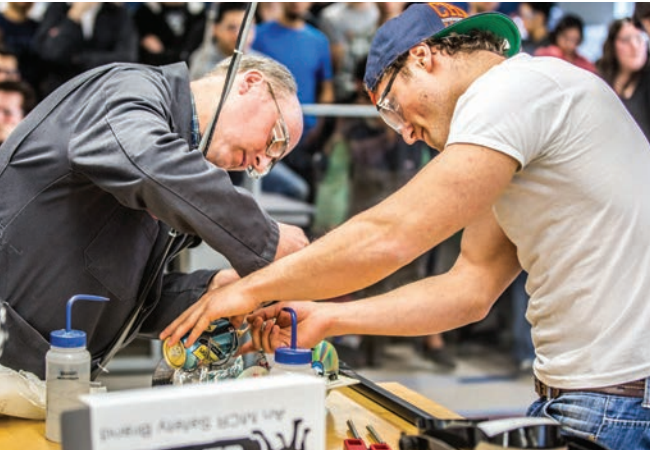
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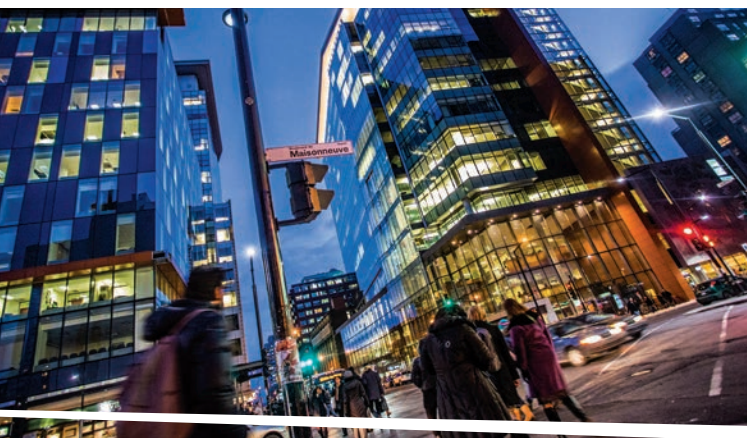
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SMALL PLANET  BIG THINKING

THINKING OUT LOUD

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on the **writing of inspiration**
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