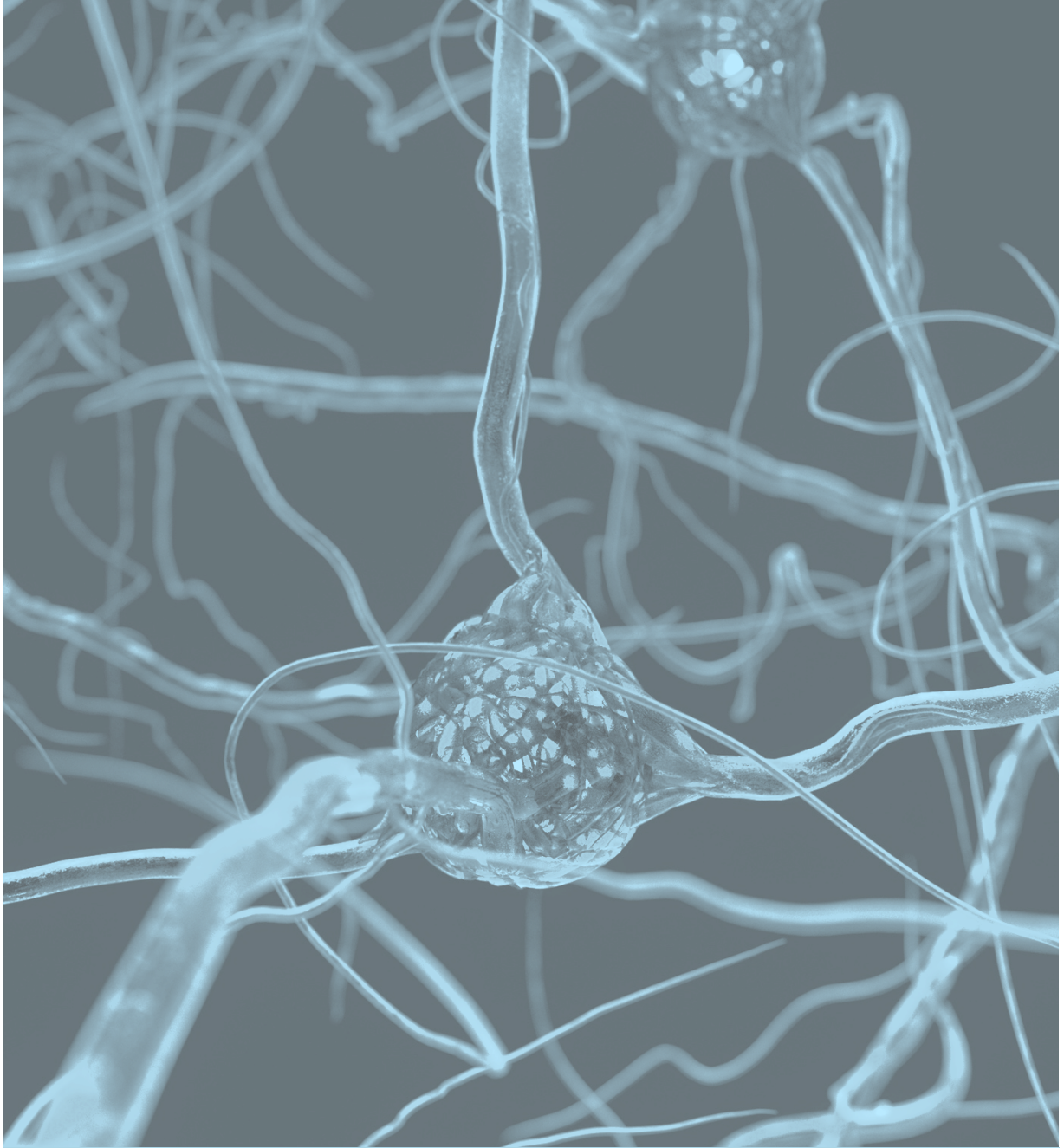


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REMEMBER MAGAZINE

SUMMER 2026 EDITION

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Founder's Letter

What is this editorial?

Remember Magazine aims to promote scientific literacy in the fields of psychology and neuroscience by writing about the intersection of these two fields.

Engaging curious readers from both scientific and layman backgrounds, we write about **cognitive, clinical, biological, or developmental** themes. In the future, we aim to expand to other topics that show genuine interest from our audience.

To start, Remember Magazine will publish online once a week under the themes listed above!

Why start this editorial?

With the rise in AI and short-form content, science communicators are necessary to counter misinformation across social media. Neuroscience as a field has been subject to this science literacy crisis, as non-scientists are most interested in understanding what the brain is, how it works, and how to optimize it. Remember Magazine was created to **provide news articles with a from-scientist-to-public approach**.

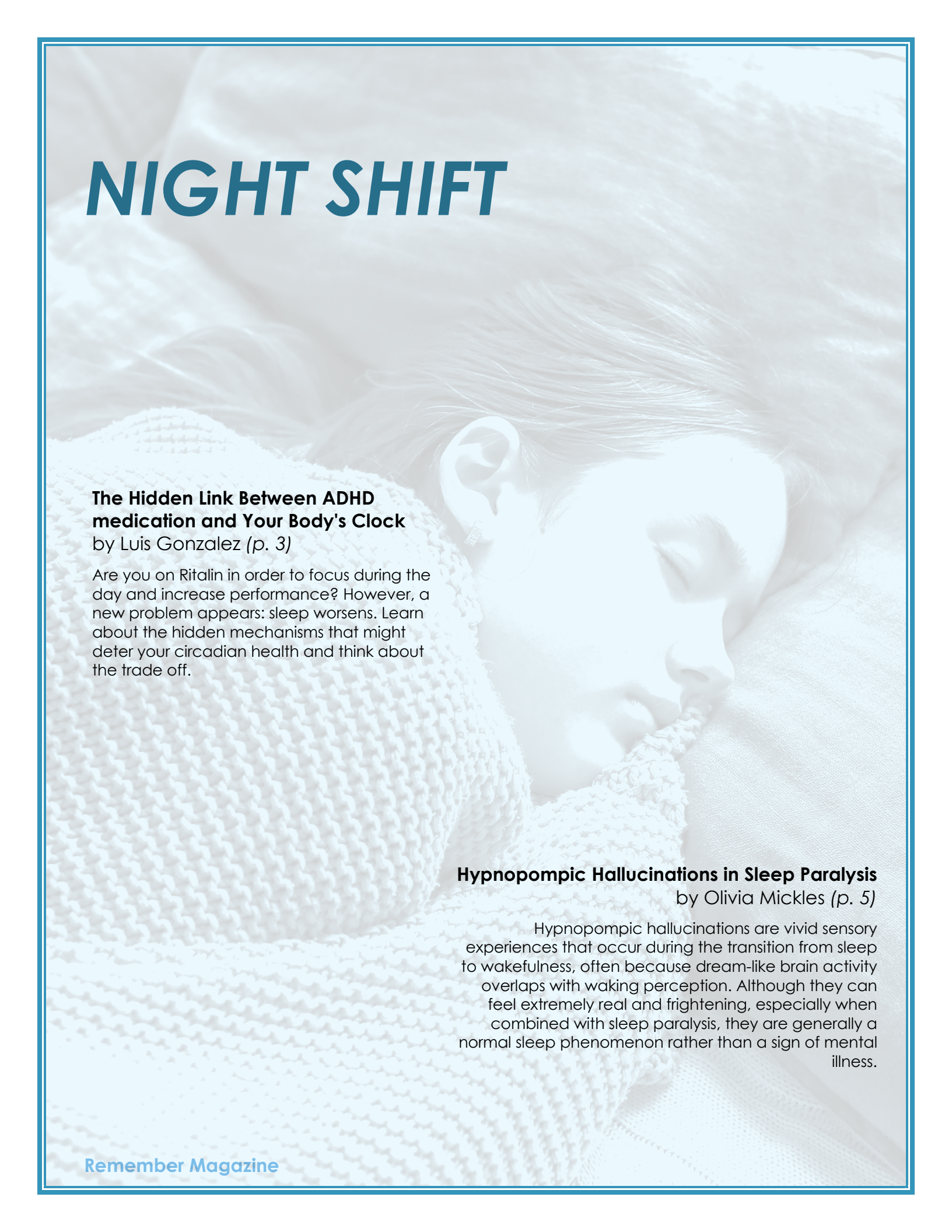
From the same founder and manager of Academic Memories, Remember Magazine aims to transition college students and recent graduates into neuroscience journalists. These two separate but parallel projects not only allow students to build portfolios in science writing, but also **explore different career paths within and outside academia**.

Thank you for reading, and we hope to continue engaging with you in the future!



Jacinda Taggett

Editor in Chief, Remember Magazine

A close-up, high-angle photograph of a person with long, dark hair sleeping peacefully. They are wearing a white, textured knit sweater. The background is a soft, out-of-focus white fabric. The overall tone is calm and serene.

NIGHT SHIFT

The Hidden Link Between ADHD medication and Your Body's Clock by Luis Gonzalez (p. 3)

Are you on Ritalin in order to focus during the day and increase performance? However, a new problem appears: sleep worsens. Learn about the hidden mechanisms that might deter your circadian health and think about the trade off.

Hypnopompic Hallucinations in Sleep Paralysis by Olivia Mickles (p. 5)

Hypnopompic hallucinations are vivid sensory experiences that occur during the transition from sleep to wakefulness, often because dream-like brain activity overlaps with waking perception. Although they can feel extremely real and frightening, especially when combined with sleep paralysis, they are generally a normal sleep phenomenon rather than a sign of mental illness.

The Hidden Link Between ADHD medication and Your Body's Clock

Luis Gonzalez

A medication that improves attention and focus may also create an important trade-off: sleep is now more difficult. **Methylphenidate** (MPH), often known by the brand name Ritalin, is a stimulant used to treat ADHD. Although it can improve daytime attention, it has been suggested that it may prolong the time needed to fall asleep and alter daily circadian rhythms (1-3). Two neurotransmitters are at play for MPH's disruption with sleep and circadian rhythms. Dopamine and norepinephrine activity increases on this drug, which promotes brain arousal and alterations of the organization of sleep wake behavior.

Circadian Rhythms

Circadian rhythms, 24-hour cycles that regulate your body functions and behaviors such as the sleep-wake cycle, are governed by a small population of neurons called the **suprachiasmatic nucleus** (SCN) (4-5). The SCN has the characteristic of an engine that coordinates all your clocks in your body and brain. Some of the biological proponents of such mechanism involved sets of genes such as **CLOCK**, **BMAL1**, **PER** and **CRY**. To understand such genes and their operations, think of having a **set of managers** like CLOCK and BMAL1; as well as a **set of employees** like PER and CRY. Now imagine that the managers initiate the movement of employees to have everything running, however there is a time when the employees outwork the managers and start unionizing against them until the job is completed. This is how your biological circadian rhythms function within your body and brain continuously over every 24-hour cycle. It turns out the circadian clock helps control when sleep is favored, therefore disruption leads to reduction in sleep quality (6). This shared interaction derives from Borbely's two process model which states simply (7,8):

- Process S: How much sleep pressure do you have?
- Process C: is this the right time to sleep?

Therefore, MPH may affect sleep both by increasing arousal and disrupting with the timing of your SCN engine.

Roles of Dopamine and Norepinephrine

To better understand MPH's importance in affecting sleep, there have been neurobiological studies showing the role of dopamine and norepinephrine. MPH increases activity in dopaminergic and norepinephrine systems in the striatum and prefrontal brain regions, which in turn regulates attention and wakefulness (9-11). However, these systems are also connected to sleep-wake regulation that has been known to involve two regions contributing to cortical activation: the basal ganglia and the cortex-striatum-globus pallidus circuit (12). Hence, dopamine in these circuits can enhance wakefulness modulation (13).

Norepinephrine has a crucial role to play in cortical arousal or the state of being awake and alert. Mechanistic research has shown that a low dose of MPH leads to increased firing in the locus coeruleus, hence an increase in movement (14). Simply, MPH increases the activity of a set of neurons that are in the base of your brain. Hence, if this system remains elevated near bedtime, it can delay the transition from alertness to sleep.

How It All Fits Together

The shared relationships between the circadian system and dopamine have been established (15). For example, the SCN is known to be home of many dopamine receptors in your brain and exposure to MPH has shown to alter the clock machinery responsible for your circadian rhythms (15,16). The biological mechanism of MPH described has found itself to alter your sleep patterns. For example, it's been found that MPH increases the amount of time to go to sleep by 29 minutes and decreases sleep duration by 1.2 hours in children with ADHD and new medication consumers as well (17,18). Hence, all suggest that MPH may affect sleep quantity and the ability to fall asleep.

MPH may disrupt sleep and circadian rhythms through three shared mechanisms: change in circadian activity, increased dopamine/norepinephrine driven arousal, and reduced sensitivity to normal sleep pressure. Humans' studies report longer sleep onset

latency and less total sleep time in some children, while animals' studies provide mechanistic evidence about circadian regulation. Understanding this mechanism is important because effective ADHD treatment should improve daytime attention without compromising restorative sleep and healthy circadian rhythms.

About the Writer



Luis Gonzalez is a current graduate student from CSUSB with interest in behavioral neuroscience, specifically psychopharmacology, circadian biology and ADHD. He has been a Contributing Writer for Remember Magazine since July 2026.

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What Are Hypnopompic Hallucinations and Why Do They Occur?

Olivia Mickles

Imagine waking up and seeing a person standing in the corner of your room. Alternatively, what if you were waking up and all of sudden seeing the world as if through a kaleidoscope, hearing someone calling your name who isn't there, or feel a hand on your shoulder? Then the moment disappears and you fully wake up, unsure whether what you just experienced was a dream, a hallucination, or if you're just going nuts. These experiences are known as *hypnopompic hallucinations* and occur alongside sleep paralysis.

Some describe hypnopompic hallucinations as "accounts of supernatural assaults" or paranormal experiences because it is clear that it is not a dream if one has experienced it, yet they can be so confusing or feel so real and terrifying that it unsettles the individual for some time after. These hallucinations are vivid sight, sound, or physical sensory experiences that occur in the short period between sleep and full wakefulness. For the majority of people, this is a normal occurrence of the transition; but, for some, it could be a sign of narcolepsy, insomnia, or certain mental health disorders.

It has not yet been confidently determined why hypnopompic hallucinations occur, but current research suggests that it is either because they are neurologically similar to daytime hallucinations and dreams or because REM sleep states intrude on wakeful consciousness. Simply, it could be due to the brain not switching from asleep to awake all at once as it should, so perception, movement, awareness, and reality monitoring systems become active while dream-like states are experienced as though they are happening in reality.

How Are These Experiences So Vivid?

Hypnopompic hallucinations are brief, but come in a wide variety of possible experiences. Visual

experiences can include seeing shapes, people, animals, or other images, auditory experiences can be voices, conversations, or random sounds, and physical sensations can include feeling as though one's body is distorted, or they are floating, falling, or unable to move.

Research on sleep paralysis has linked the intensity and realism of these experiences to sensations like chest pressure, difficulty breathing, and unusual bodily experiences that are common during REM sleep; however, other researchers argue that this phenomenon must occur during non-REM sleep. All in all, the evidence as a whole points toward a complex transition between sleep states as the culprit of these hallucinations rather than a problem with one state.

In-Between States

Though we don't know why this phenomenon occurs, the science of hypnopompic hallucinations is in reality more complicated than simply "you're dreaming", because you're not. Going from sleep to awake requires changing brain states, and that transition can cause various unusual combinations of sensory processing and awareness to occur. The brain is normally able to distinguish between a perception that is from the outside world or within oneself through a process called reality monitoring. However, within a hypnopompic hallucination, one is unable to ask themselves "Am I awake or dreaming?", and, whereas memories or imaginary experiences cannot become strong enough to fool one into thinking they are reality, dreams can. The brain can dream a sound, image, or physical sensation internally, but the perceptual system can take that information and turn it from a thought to a stimulus. For example, if one is having a hallucination of seeing a figure standing beside their bed, that is perceived

as real to the brain and the nervous system even if there is no one there.

One study described hypnopompic experiences as a part of a continuum between dreaming and waking that ranges from flashes of imagery to highly realistic situations, sleep paralysis, false awakenings, and out-of-body sensations. This explains why an individual can feel as though they are awake while still experiencing something fake that was generated by their sleeping brain; because the transition they are going through made them aware of themselves and the bedroom while dream activity was still happening. In certain cases, false awakenings can occur where one actually believes they have woken up, and, in that state, the hypnopompic experience can reenact one's actual environment so well that it is difficult or impossible at the moment to tell what is reality and what is a hallucination. That is why these hallucinations can be far more alarming, during and after the experience, than a nightmare.

Why Sleep Paralysis Makes This More Terrifying

Sleep paralysis is a temporary paralysis of the skeletal muscles that can occur alongside waking mental activity during the sleep-wake transition. Meaning someone can have hypnopompic hallucinations while they are also in a state of sleep paralysis. During sleep paralysis, a person becomes aware of their environment and that they are awake, but cannot move or speak. This is because the brain puts the muscles into a temporary paralysis while in REM sleep to stop the individual from acting out their dreams, but then the brain wakes from REM sleep before the paralysis ends due to a timing mismatch. So, if someone is having a hypnopompic hallucination that something terrifying is happening, that feeling of fear can be amplified by the complete inability to move or speak, rendering one feeling completely trapped and helpless in their experience.

So Is There Something Wrong With Your Brain If You Experience This?

Chances are, no. Hypnopompic hallucinations are quite common, up to 70% of people experience them at least once, and alone are not an indicator of any type of mental disorder. They differ from the kind of hallucinations that would occur with conditions like schizophrenia since they come on specifically during the sleep-wake transition rather

than during full wakefulness. However, they can happen more frequently if someone has a sleeping disorder like narcolepsy. With narcolepsy there is a disruption in the sleep-awake cycle that makes the transitions less stable, hence the increase in potential hypnopompic hallucination experiences.

Overall, hypnopompic hallucinations are not a brain malfunction, but rather a mix up in the brain transitioning. For a few seconds or minutes, dreaming, perception, and reality can overlap, causing the illusion of voices or figures that vanish when you awake. It just all feels so real because the brain areas that create our real-life experiences are active before the systems for understanding that the experience is a dream have caught up.

About the Writer



Olivia Mickles is a current undergraduate student at Lehigh University studying Psychology with minors in Cognitive Science and Sociology. Her main research interests include clinical and health psychology. She has been a guest writer for Remember Magazine since July 2026.

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THE BRAIN ON THE INTERNET

How "Looksmaxxers" are Influencing Youth by Ashley Pearson (p. 8)

There's a new viral craze taking over the internet. It's called "looksmaxxing" and it may have negative, long-term impacts on impressionable young boys and men, both physically and mentally.

Excessive Social Media Scrolling ("Binge-Scrolling") Could Be a Byproduct of FOMO. What Does This Mean for Our Cognition?

by Jacinda Taggett (p. 9)

There is finally a term to describe the moment when you open your phone to check a notification then suddenly look up and it's been an hour of scrolling through social media ("binge-scrolling"). A common understanding of this behavior is that technology itself is too addicting, but could the root of the cause be on an individual level?

How "Looksmaxxers" are Influencing Youth

Ashley Pearson

If you have interacted with a teen boy or a young man in the past year, there is a strong chance you have heard the terms "looksmaxxing," "mogging," and "chad." Popular on the "manosphere" (male-centered online communities) side of the internet, "looksmaxxing" influencers promote the pursuit of physical attractiveness (with peak physical attractiveness being synonymous to "mogging"). "Looksmaxxer" influencers often take extreme measures to improve their perceived attractiveness, such as intense exercise, grooming, and plastic surgery. These influencers document their daily lives online and have a global outreach; In a 2025 study, an estimated $\frac{2}{3}$ of young men in the United States, United Kingdom, and Australia engaged with masculinity influencers on a regular basis (1).

Recently, the "looksmaxxing" movement has gained the attention of mainstream not only for its virality, but also for the movement's association with popular influencers, such as Clavicular and Androgenic. In early July, Connor Murphy-- a friend of Androgenic, a 32-year-old body builder, and "looksmaxxing" influencer-- died after an apparent drowning in Thailand. Prior to his drowning, Murphy displayed increasingly erratic behavior, including but not limited to, trashing the luxury villa he rented outside of Bangkok.

Bizarrely, Androgenic has linked his friend's death to liquid gold injections, which can be readily purchased online through websites like Amazon and eBay. Although these injections have no known health benefits, Murphy reportedly believed that injecting liquid gold would enhance the color of his skin and give him superpower abilities not accessible through traditional medical treatment. It is possible that Murphy experienced gold toxicity. This toxicity, which is usually only obtained through occupational mining exposure, can cause altered mental states, like confusion, delusion, and psychosis (2).

It is not uncommon for "looksmaxxers" to go against science; In early 2026, Clavicular told The New York Times that he took an extensive regimen of drugs to "bio-hack" his body with a focus on having a strong jaw, really big muscles, and clear skin. Clavicular's list included testosterone (3). In men, testosterone replacement therapy is indicated in those with

clinically diagnosed hypogonadism (decreased testosterone activity in the gonads). However, when inappropriately used (or over-used), testosterone can cause sterility, lower sperm count, and shrunken testicles. Testosterone is strongly contraindicated in men who plan to conceive or be fertile in the future; Yet it is one of the most popular drugs used by young men to "looksmaxx" and is sold by gyms, online platforms, and messaging applications without needing a prescription from a doctor.

Fertility health knowledge, while extremely important, is often misunderstood, especially in young men. In a 2015 study surveying men ages 18-50, less than half of the men studied were able to identify health issues associated with male infertility (4). Moreover, sexual reproductive health is not a topic adequately taught in schools, with one study finding the number of schools teaching sex education is declining (5). Other concerns in teenage boys include the rising prevalence of body dysmorphia, poor mental health, and undeveloped media literacy skills.

"Looksmaxxing" influencers promote products promising maximizing aesthetic appeal and targeted towards young men and boys looking for a self-help guide to improve their lives.

For example, Androgenic sells a \$49 per month membership that promises access to "pharmacological intervention to optimize brain function (learning efficiency, fear extinction, social confidence,)" "detailed information about peptides and androgens," and "all-inclusive guides on training and nutrition" (6). In an age where you can buy a product on the same screen you watch an advertisement on, brand sponsorship is extremely valuable. Teen boys and young men, especially those who are already insecure about their appearance, are a perfect target for influencer advertising. Although the exact number of people who have purchased Androgenic's "looksmaxxing" membership is unknown, the influencer has roughly 257,000 followers across platforms like Tiktok, X, and Instagram, with a vast majority of Androgenic's followers being male.

There is no one solution to quell the influence of "looksmaxxing," however, addressing education

deficiencies, such as providing crucial media literacy to challenge unrealistic beauty standards, access to scientific studies and sex education, could be a start. Moreover, it is critical that teen boys and young men have a safe space to express their insecurities and learn self-acceptance. Bringing awareness to programs such as the Crisis Text Line and The Trevor Project, which provide free, confidential help to those in need of counseling, is crucial in mitigating the risks associated with pursuing “looksmaxxing.” Additionally, more oversight is needed to regulate the purchase of so-called “look-enhancing” drugs, such as testosterone, which are becoming more readily available through “telehealth” services.

About the Writer



Ashley Pearson is a Doctor of Pharmacy candidate at Northwestern University with interests in patient education, accessibility, and geriatric populations. She has been a Contributing Writer for Remember Magazine since July 2026.

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Excessive Social Media Scrolling (“Binge-Scrolling”) Could Be a Byproduct of FOMO. What Does This Mean for Our Cognition?

Jacinda Taggett

There is finally a term to describe the moment when you open your phone to check a notification then suddenly look up and it's been an hour of scrolling through social media. **“Binge-scrolling” is used to describe the phenomenon of compulsive viewing of short-form digital content over extended, unplanned, periods of time.** A common understanding of this behavior is that technology itself is too addicting, but could the root of the cause be on an individual level?

Researchers at University of Wisconsin-La Crosse and University of Cincinnati had modeled potential behaviors theoretically correlated with the phenomenon of binge-scrolling: problematic social media use, problematic smartphone use, and fear of missing out (FOMO). They ended up finding that

problematic usage (both for social media and smartphones) was positively associated with binge-scrolling behavior; **the more problematic the usage, the more compulsive the scrolling behavior was.** Although this is not too surprising, **the interesting link between these problematic behaviors was found to be fear of missing out.**

This finding builds upon a prior framework for technology addiction– the Compensatory-Internet Use Theory– that claims individuals are prone to coping with negative mood or unmet psychological needs and are therefore more likely to engage in addictive behavior towards technology, not that the technology itself is addictive. When considering the main finding where FOMO mediates the relationship between problematic technology use and binge-

scrolling, it further solidifies the theory that technology addiction could stem from sociopsychological factors of an individual more-so than the social media platforms themselves. To summarize, **individuals that have greater anxiety surrounding exclusion from events or opportunities are compensating by excessively browsing social media.**

Research being conducted on the earliest markers of addictive technology behavior is an important beginning step for intervention and prevention– but what about those that are already affected? How does this have long-term effects on our current generation?

A meta-analysis of excessive short-form video (SFV) viewing had found associations with poorer cognitive performance across multiple domains: attention, inhibitory control, and memory. In other words, **excessive SFV viewing is linked to shortened attention spans, less capability of self-control, and worse memory of events later on.** As social media usage starts earlier as generations go on, we are heading towards a decline of cognitive functioning that is important for the development of youth: reading, problem solving, and deep learning.

In order to prevent a generational decline in capability and independent functioning, **we as a society need to emphasize the importance of socialization and education.** Socializing is an important prevention, given recent findings of FOMO and binge-scrolling, and education is an important intervention to preserve cognition. Whenever you

feel compelled to scroll social media, start with transitioning to reading about your favorite topic (maybe in an online editorial like *Remember Magazine*?) or reach out to someone nearby to have an in-person conversation. There is more to life than memes and influencers– and it's important for your wellbeing and health to discover it.

About the Writer



Jacinda Taggett is a neuroscience communicator that specializes in dopamine and cognition. She has been Founder, Editor-in-Chief, and a Contributing Writer for *Remember Magazine* since June 2026.

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