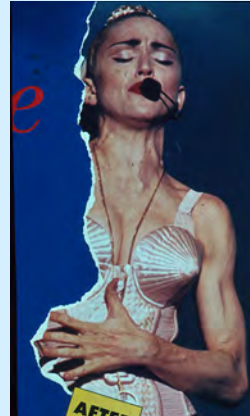
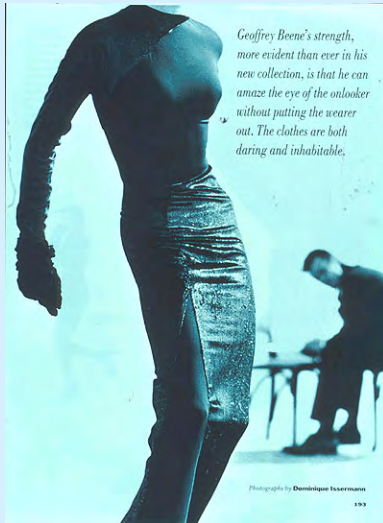


# Identity Confused, Diffused, Refused, and Suffused (continued ad nauseum)



“Any culture that treats its women as children and its children as women is going to have major problems with images, bodies, and body images”

(Linda Smolak)



# Principle 5: A Feminist Sociocultural Perspective is Necessary

1. For anorexia nervosa, bulimia nervosa, and OSFED/UFED (EDNOS) unrelated to BED, the female to male ratio is on the order of **5-10 / 1**
2. **Periods of risk (12-14 and 18-20)**
3. Historical periods of risk for **body-related conversion disorders:** 1880-1900, 1920, 1960-1970
3. **You look great, you've . . .**  
**You look great, have you . . . ?**



# **Levine's Simple (even Simplistic) Feminist Perspective**

- **It is currently the case today that the status and power of girls and women is significantly less than that of boys and men**
- **The disparity (inequality) is manifest in multiple ways and supported by multiple customs, policies, values, and cultural practices**
- **This disparity is not “natural,” it is constructed in and reinforced complex ways by people, often through multiple “-isms”**

# **Levine's Simple (even Simplistic) Feminist Perspective**

- **This disparity is not healthy for people in general**
- **This disparity should be changed, AND can be changed**
- **In the process of theorizing, research, and treatment, we need to pay close attention to our own biases, including privilege, and to **the perspectives/voices of those who are typically ignored, if not silenced.****

## Principle 5a:

**Prevention means confronting, challenging, and changing pervasive ecological messages:**

## Gender, Class, “Race”, and Power

- **Women's bodies belong to men**
- **A woman of substance and power is a frightening, ugly thing**
- **Success is narrowly defined and it means being "up to date" and "stylish"**
- **Diversity in physical appearance and in culture is undesirable**
- **Women must negotiate dramatic changes in cultures-- and do it in a quiet, pleasing way**

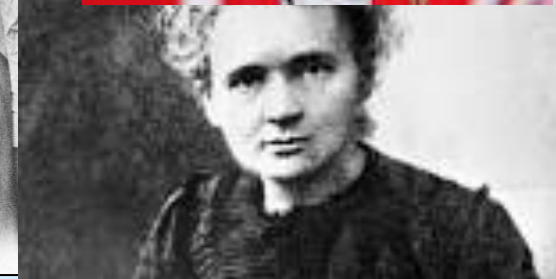


## **P-5b: Prevention Requires Consciousness-Raising and Change – and change requires Courage**

**Culture change requires a critical/analytic perspective,  
attention to social justice, and activism--and thus it requires  
new literacy, dialogue, collaboration, and courage.**

**“This cause is not  
altogether and exclusively  
women’s cause. It is the  
cause of human  
brotherhood as well as  
human sisterhood, and  
both must rise and fall  
together. Woman cannot  
be elevated without ele-  
vating man, and man  
cannot be depressed  
without depressing  
woman also.”**

**- Frederick Douglas  
1848**



# **Principle 5-c: Prevention Requires Courage, and Courage Requires Re-Claiming the Meaning of “Model”**

ROLE MODEL  
([www.m-w.com](http://www.m-w.com))

A person whose behavior in a particular role is imitated by others



**YOURS  
?**



# **Change Requires Courage, and Courage Requires Re-Claiming the Meaning of “Model”**

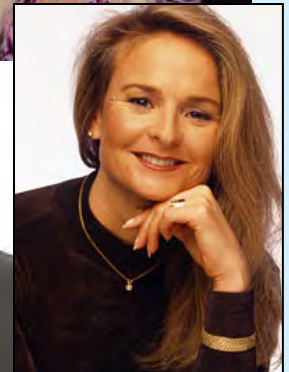
- Do you have at least one role model?
- List 3 characteristics that make that person a role model for you?
- Do you own or have access to a picture or image of that person?
- Do you have that picture or image prominently featured in your office, home, and/or work spaces?
- Have you ever talked with a close friend or lover about that role model -- who is it? Why he she is a role model for you? What that person means in your life?



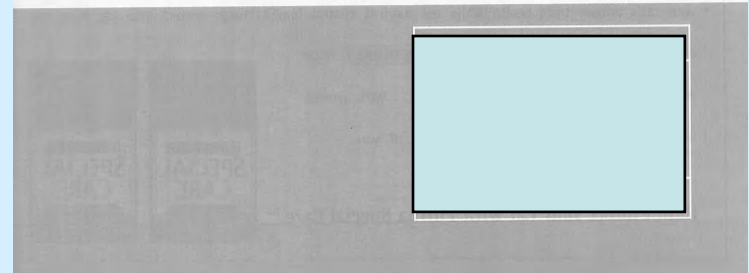
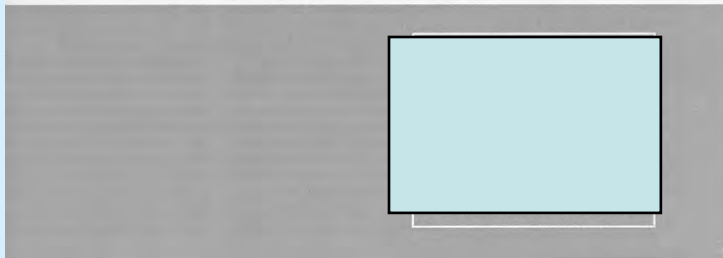
# Surrounding Yourself with Bolder Models



Work to surround yourself with, and connect yourself and your loved ones to, **women of substance**; women who take up space in the world and have the ovaries to to say and do something about prevention



# You' ll Always Be the Object of My Attention

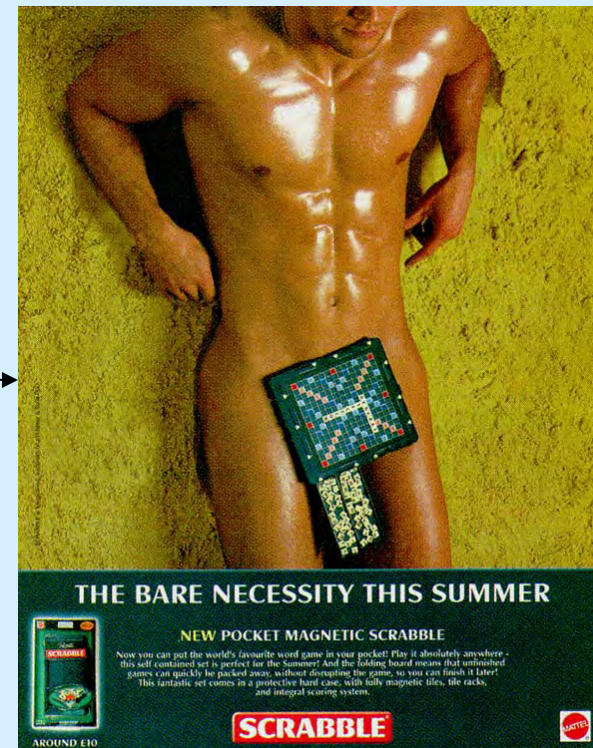


# **Principle 6: Prevention, like treatment, is not “just a female issue” – It is a community issue involving boys and men in various ways**



**Head Optional  
– Whatever. . .**

**Blue Oyster Cult  
Syndrome  
(BOCS) – “I’m  
Burning for You”.**



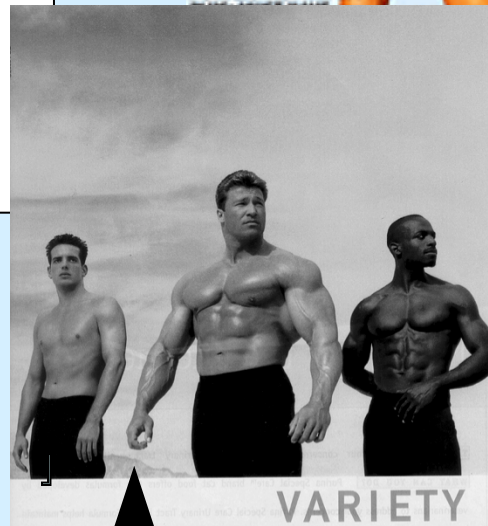
# The Adonis Ideal

- Mesomorphic ideal
- Men are defined by size, power, and strength
- **Lean** & muscular = attractive
- muscularity = manly success
- muscularity = health

**Male objectification to sell sanitary napkins of varying sizes and strengths**



**All Muscle except for Fat in Head**



**BRAIN**  
Research conducted at the University of Toronto has shown that eating too much saturated fat slows you mentally. It inhibits the supply of glucose—needed for cognitive function and memory—in the brain, causing the brain to age prematurely. People whose diets are high in saturated fats are also at higher risk for stroke and Alzheimer's disease.

**EYES**  
A study published in the journal Archives of Internal Medicine revealed that saturated fats lead to hypertension, a.k.a. high blood pressure. Over time, this condition can result in a host of secondary problems, such as retina damage, vision loss, even TIA's, short for transient ischemic attacks, mini-strokes that prefigure a big one.

**Principle 7:: Be Cautious and Analytical in Regard to  
“Blanket” Generalizations such as  
“Prevention Does or Doesn’ t Work”**

***Society for Prevention Research’s Criteria for  
“works” (i.e., is efficacious)***

**<http://www.preventionresearch.org/advocacy/#SofE>**

- 1. Derived from an explicit theoretical model of risk(s) and preventive processes**
- 2. Implemented by trained personnel with high fidelity to program**
- 3. Outcome evaluations use adequate samples in terms of statistical power and meaningful generalizations**

**Principle 7:: Be Cautious and Analytical in Regard to  
“Blanket” Generalizations such as  
“Prevention Does or Doesn’ t Work”**

***Society for Prevention Research’s Criteria for  
“works” (i.e., is efficacious)***

- 4. Reliable and valid measures are used**
- 5. Predicted pattern of outcomes is observed in target behaviors (e.g., reduction in incidence of ED)**
- 6. Predicted patterns of mediating effects is observed in the risk and protective factors derived from theory**
- 7. Predicted outcomes observed in the short-term and over a meaningfully long follow-up period**

**Principle 7:: Be Cautious and Analytical in Regard to  
“Blanket” Generalizations such as  
“Prevention Does or Doesn’ t Work”**

***Society for Prevention Research’s Criteria for  
“works” (i.e., is efficacious)***

- 8. the first seven criteria have been met in at least two RCTs or reasonable substitutes, such as time-series designs with long baselines.**
  - Replication is most persuasive when accomplished by two or more independent sets of investigators.**

## **Principle 7: Be Cautious and Analytical in Regard to “Blanket” Generalizations such as “Prevention Does or Doesn’ t Work”**

### **Exciting Recent Evidence-Based (Scientific) Developments**

- Stice’s work in the USA: Dissonance-Based (DB) and Healthy Weight Interventions
- Becker and Stice’s *Body Project Collaborative* DB work in the USA, Mexico, and throughout Europe
- Taylor, Jacobi, and colleagues’ work on *Student Bodies* On-Line Programs in the USA and Germany
- Raich and colleagues’ cultural literacy work in Spain
- Wilksch and Wade’ s *MediaSmart* (Literacy) work in Australia
- McVey’ s integrative approach in Canada

# Challenge and Hope of Prevention



**Piran, 1999**



**Austin et al. (2005, 2007)**



**Neumark-Sztainer et al. (2000)**

**Goldberg,  
Elliot, and  
colleagues**



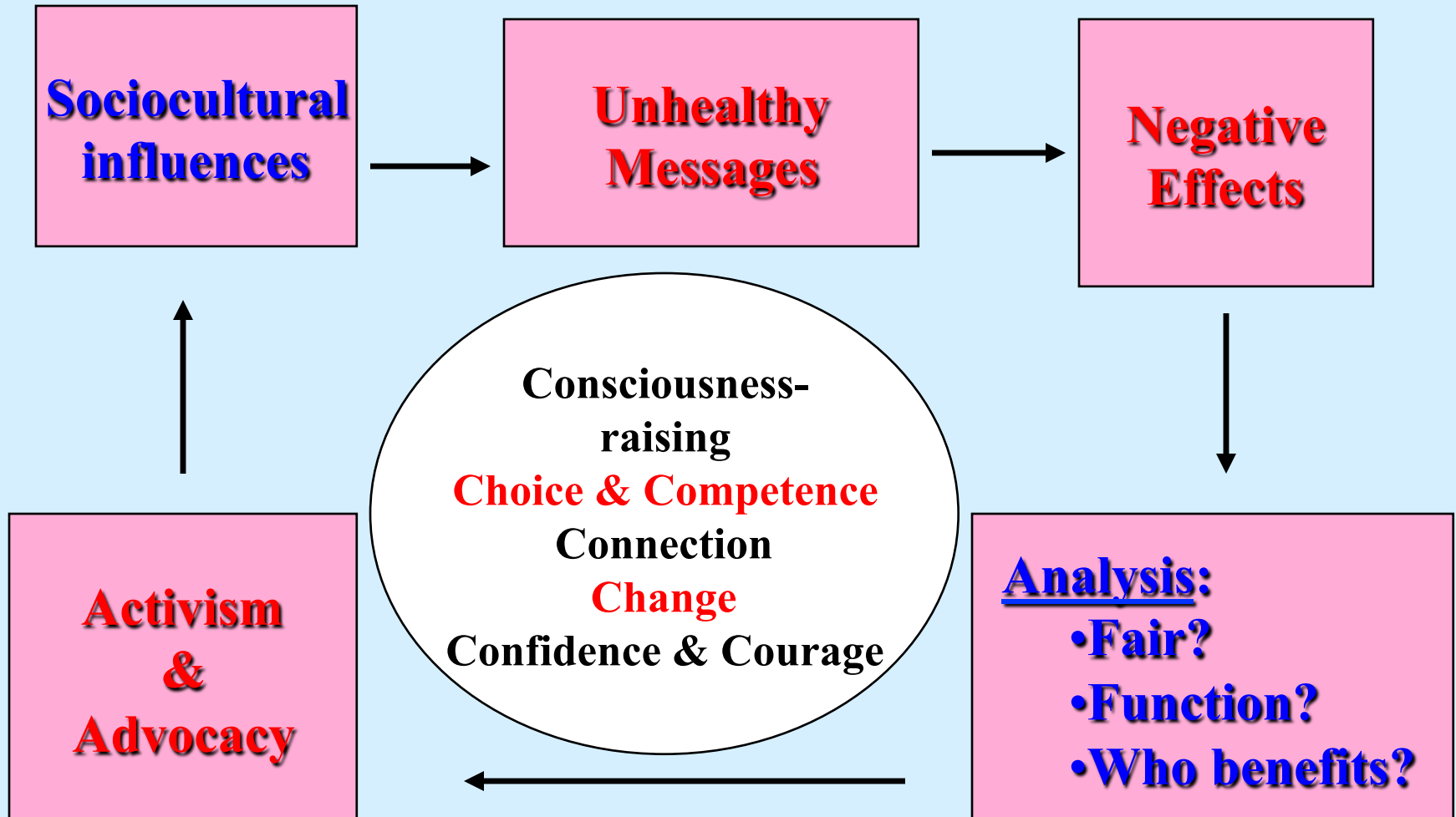
**Becker et al. (2008, 2009,  
2014)**

## Principle 8:

**The essence of effective prevention at all levels (universal → selective → indicated/targeted) are the 7 Cs**

- **C**onsciousness-raising
- **C**ompetence
- **C**onnection
- **C**hange
- **C**hoices
- **C**onfidence
- **C**ourage

# Cultural Literacy, the Critical Perspective, and Prevention



## **The “Bolder Model” in Treatment/Therapy**

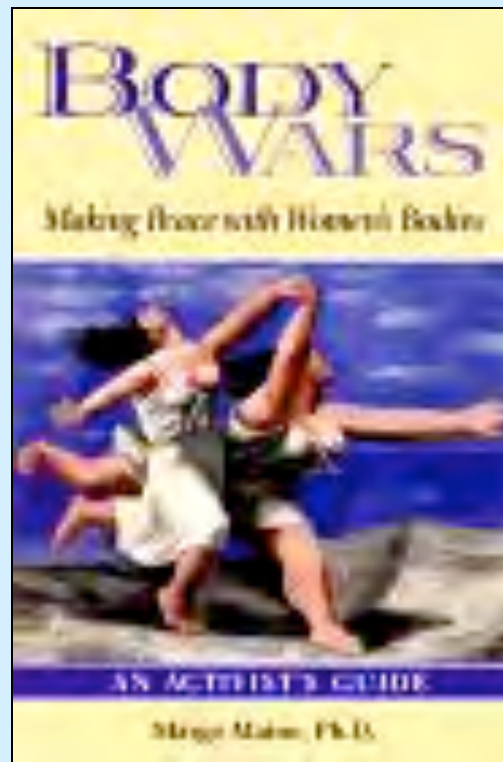
**“Healing requires therapists to take a clear stand against the cultural norms and values that sicken women . . . . [Moreover,] “. . . the challenge of therapy is to transform what appears as psychological resistance (a reluctance to know what one knows) to a political resistance (a refusal not to know what one knows.”**

**(Steiner-Adair, 1994, pp. 381 & 382)**

## Principle 9:

**Prevention Requires a “Bolder Model” that Integrates the Personal, the Professional, and the Political**

- **Personal**
- **Professional**
- **Political**



**Maine (2000)**

**“Each of us must be the change we want to see in the world”**

**- Mohandas K. Gandhi**

# **The “Bolder Model” in Treatment/Therapy**

- Promote cultural literacy in your continuing education, in supervision, and in clients’ psychoeducation
- Be attuned to the role of cultural values in promoting shame, powerlessness, distortions in interoceptive awareness, transference issues, etc.
- Think carefully about the role of 7 Cs in different phases of recovery
- Openly model resistance, protest, and activism

# **The “Bolder Model” in Treatment/Therapy**

- **Conduct an ecological analysis of your offices, including the waiting room**
- **Incorporate media use habits, along with other sociocultural factors (e.g., teasing), into standard assessment practices**
- **Promote cultural literacy in your family education sessions**

# **The “Bolder Model” in Your Life in General**

- **Be an activist**
- **Support activism in your civic and professional life**
- **Integrate your activism with media advocacy (and increased media literacy)**
- **Reject pornography in all its forms**
- **Take a 3-P stance against weight/shape based prejudice, objectification, etc.**
- **Support prevention efforts**

# **The “Bolder Model” in Your Life in General: HAES**

- **Everyone is entitled to a positive body image** supported by respect and appreciation for the diversity of human sizes and shapes
- **Everyone would benefit from an active lifestyle** incorporate regular, moderate exercise that is done for the “4 Fs”: fun, fitness, friendship, and function
- **Everyone can improve his or her eating habits**

# **The “Bolder Model” in Your Life in General: HAES**

- **Everyone can learn to eat in ways that satisfy hunger; provide energy for health, growth, and well-being; and are regulated--not by calorie-restrictive dieting and other externally imposed rules--but by being attuned to feeling hungry and to feeling full.**
- **Everyone can find more opportunities for communal eating.**
- **Everyone can learn—and help others to learn--life skills to cope with stress and to meet her or his needs in ways that do not include starving and/or anesthetizing feelings by binge eating.**

# The “Bolder Model” in Your Life in General

Practice and Model The Bill of Rights:  
“I have *and* will exercise the right to”

- **Nourish my body and spirit**
- **Appreciate my body, which will never be perfect**
- **Feel good in and about my body**
- **Remind myself that there are hundreds of very admirable people whose body shapes vary tremendously – my role or real models**
- **Exercise my control over what I watch, pay attention to, talk back to, buy. . . .**

- **Remind myself, constantly if necessary, of the following 10 or more good things about my body**
- **Be fit and energetic, no matter what I look like**
- **To dance, swim, sunbathe, and be active no matter what I look like style**
- **To wear clothes that are comfortable and express myself—my style—no matter what I look like**

# **A Bolder Model of Prevention**

(Irving, 1999; Levine, Piran, & Stoddard, 1999; Levine & Smolak, 2006; Maine, 2000; Piran, 2001; Sigall & Pabst, 2005)

## **Cultural Literacy**

**A**wareness

**A**nalysis

**A**ctivism and  
**A**dvocacy

**A**ccess (e.g., to  
media)

**P**ersonal

**P**rofessional

**P**olitical

## **7 Components of Effective Prevention**

**C**ollaboration

**C**onsciousness-Raising

**C**ompetencies

**C**hoices and **C**hanges

**C**onfidence

**C**ourage

**“I have come to believe  
over and over again  
that what is important to  
me must be spoken, made  
Verbal and shared,  
Even at the risk of it being  
bruised and misunderstood”**

**- Audre Lorde**

[adapted from gender literacy  
work of Sigall & Pabst]

**Principle 10: Some Things are Like Prevention:  
Hard to Understand How it Could Happen,  
But It Needs to be Done**



# CONCLUSIONS

- **Prevention is absolutely necessary—for risk factor research and for our societies**
- **Even using rigorous scientific criteria for concluding “it works,” there is *substantial and increasing evidence* to support the efficacy and effectiveness of prevention efforts**
- **There is no single approach that “works” but theory and evidence point to the value of a **Critical Social Perspective** and the **7 Cs of Prevention****

# CONCLUSIONS

- **An sociocultural, ecological perspective: absolutely necessary**
- **Prevention can be integrated into your life as a clinician in various ways, in accordance with a Bolder Model of Training and Practice**
- **Selective-targeted (more secondary) prevention is, thus far, more efficacious (i.e., has better outcomes) than universal-selective (more primary) prevention, but it cannot be the sole answer**

# CONCLUSIONS

- **Exciting Times – Many people in many countries engaged in various types of prevention work – Levine Prevention/Sociocultural Factors TinyLetter email Group**
- **Prevention is potentially harmful if done poorly, but so is wood-working, therapy, medicine, sex, marriage. . . .**

# **Principle 10a: Hope is the The Thing with Feathers (and Claws)**

**“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it’s the only thing that ever has.”**

**-- Margaret Mead**



**Pillars of Fulfillment – Tribute to Dr. Lori Irving by “Women Who Weld”**

**Washington State U., Vancouver, WA**