"If you want to truly understand something, try to change it"

– <u>Kurt Lewin</u> (1890-1947)

(no date/source, as quoted in)
APA Policy and Planning Board.
(2007). Who cares about APA
Policy and does it have an impact?
American Psychologist, 62, 491-503.

A Biopsychiatric Paradigm:
Academy for Eating Disorders (AED) Position Paper
(Klump, Bulik, Kaye, Treasure, & Tyson, *IJED*, 2009)

"[state] unequivocally . . . that anorexia nervosa and bulimia nervosa, along with their variants, are biologically based, serious mental illnesses (BBMI) that warrant the same level and breadth of health care coverage as conditions currently categorized in this way (e.g., schizophrenia, bipolar disorder, depression, obsessive-compulsive disorder)" (p. 97; emphasis added)

An Evidence-Based Sociocultural Approach to Eating Disorders Prevention in the Age of Neurobiology:

10 Principles for a Bolder Model

Michael P. Levine, Ph.D., FAED
Emeritus, Department of Psychology, Kenyon College

- KEYNOTE -
CREDN Conference (2/17/2017)

For Copies of Levine's Work on Prevention and/or Mass Media and/or To Join Levine Prevention List:
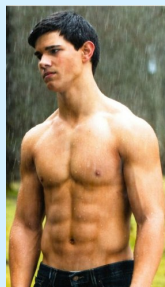Levine@kenyon.edu

Slide 1

DR. MICHAEL LEVINE, PH.D., FAED

1. Emeritus* Professor of Psychology, Kenyon College [BMI = 28.83 = overweight]

2. Ph.D. in Experimental Psychology [Daughter and wife shop at Victoria's Secret; sons play video games]

3. Age 68 [Really likes Pat Benatar]

4. No body image or eating issues at all

NOTE: Rare photo--Michael Levine at 1979 Faculty Orientation Picnic =>

* Latin Word Meaning "Medicare Eligible"

Slide 2

A Measure of your Success

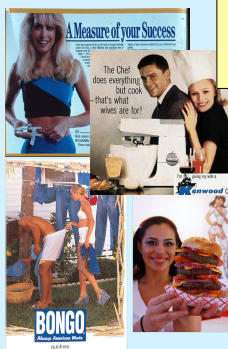The Chef does everything but cook – that's what wives are for!

BONGO

Principle 1:

Prevention Is a Primary Obligation, Not a Luxury

- "Detect It – Treat It" vs. History of medicine

- Prevalence, severity vs. person-power shortage

- Evidence: Sociocultural basis

- Multifaceted health promotion

Slide 3

Principle 2:

Know Your Concepts & Terms – Prevention is Primary

Focus	IOM* Terminology	Caplan (1964)	Examples
Large groups - healthy people	*Universal* prevention (public health prevention)	Primary	Laws regulating advertising of diets or supplements
Smaller groups - NS but HR**	*Selective* prevention	Primary	Programs (e.g., Piran's) for children entering elite ballet schools
Small groups - Very HR - clear precursors	*Indicated* or *Targeted* prevention	Secondary	DB*** programs for women with severe weight concerns

*IOM = Institute of Medicine, USA National Academy of Sciences

** NS = Non-Symptomatic; HR = High Risk   ***DB = Dissonance-Based

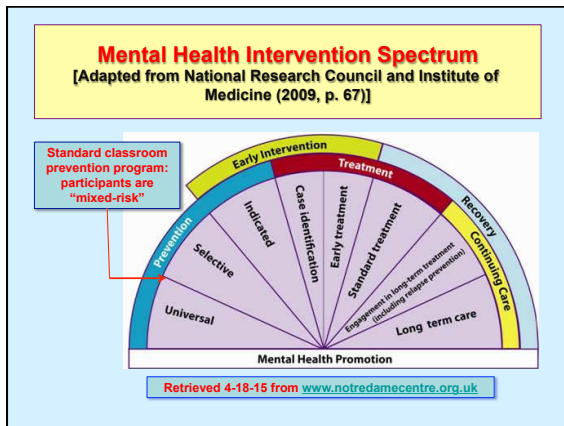**Mental Health Intervention Spectrum**
[Adapted from National Research Council and Institute of Medicine (2009, p. 67)]

Standard classroom prevention program: participants are "mixed-risk"

Early Intervention

Treatment

Prevention

Recovery

Indicated

Case identification

Early treatment

Selective

Standard treatment

Engagement in long-term treatment (including relapse prevention)

Continuing Care

Universal

Long term care

Mental Health Promotion

Retrieved 4-18-15 from www.notredamecentre.org.uk

Cognition and Truth

That is one big-ass hat.

Easily Extracted if Not Quite Clear Messages:
"Proof That Elephants Don't Have a Union"

Abercrombie & Fitch

Principle 3: The issue for prevention is **us and our cultures**, not "them" and "their eating disorders" or "their obesity."

We must think contextually and in terms of how each member of the community can contribute

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Principle 3: The issue for prevention is us and our cultures →

Prevention requires thinking about the meanings of "Nervosa,"

not just "Anorexia" and "Bulimia"

Source of image: http://connectomics.chalearn.org/help/tutorial

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OK – I Don't Really Know Exactly "Nervosa" Means?

- Underlying **psychological** characteristics
  Underlying **psycho** – **path** – **ology**

- **Shared Features – Psychological**

  – **Undue influence of weight and shape, and control of same, on self-concept and identity**

  – **Irrational attitudes (beliefs, feelings, behaviors, resistance) in regard to "fat" and "fat people"**

  – **Glorification of and internalization of impossible ideals**

  – **Low and unstable self-esteem (sometimes accompanied by "musts" and "shoulds")**

Preventing What? And What Does "Nervosa" Mean, Anyway?

- Prevention will fail—and may be harmful—if it concentrates solely on the definition of clinical syndromes, the portrayal of fascinating "cases," and the dangers of disordered eating.

The issue is the cost to individuals and society of set of issues, each of which (1) relates to negative body image and disordered eating; and (2) could be seen spectrum or continuum

negative body image	internalization of impossible ideals
self-objectification	drive for thinness/leanness
fear of fat	unhealthy weight management
shaky self-esteem +	chaotic (including binge-) eating
compensatory	extremes of activity/exercise
extremes (perfectionism)	

Principle 4: A Sociocultural Perspective, Focusing on Specific and General Pathways, is Necessary and Evidence-Based
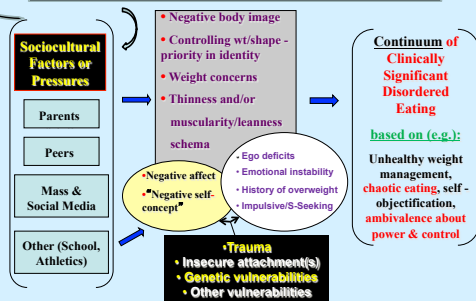
Sociocultural variables refer to specific messages that reflect a culture's ideology and are conveyed by socialization agents.
-- (Levine & Smolak, 2014)

Principle 5: A Sociocultural Perspective, Focusing on General and Specific Pathways, is Necessary and Evidence-Based

What A Sociocultural Perspective Is (Smolak, Levine, & Murnen, 2006)

- Focuses on **socially constructed + culturally endorsed variables**

- **A transactional approach**

Environment

Person ←——→ Behavior

- **Culture will determine what is ideal for whom** *and* how to attain it **(and/or reject it)**

- **Culture will determine what is normative** (*even if unhealthy*) and **pathological** (templates of deviance)

- **Within- and across-group differences** based on exposure to various sociocultural factors

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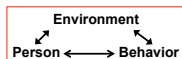
A Sociocultural Perspective Does Not

- **Deny any role for genetics or neurobiology** as important – but not the *only* important – sources of individual differences in vulnerability

- **Minimize the seriousness of full-blown or partial syndrome eating disorders**, nor fail to make any distinctions between different types or levels of disordered eating

- **Expect that one model of risk will fit all** cultures or both genders or all ages

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Sociocultural Models Do NOT

- **Oversimplify causal propositions**

- **Ignore heterogeneity and equifinality**

- **Focus on the "intuitively obvious" or variables with "face validity" (cf. "the tyranny of face validity")**

- **Ignore the insularity or resistance to change (as disorders are ego- AND culturally syntonic)**

Sociocultural Models Do **NOT**

- ignore distinctions between different types or levels of eating disorders

- In any way imply these disorders are caused by foolish choices about diet, fashion, or other frivolous matters

- (Repeat, subtly) Minimize the seriousness or self-defeating/self-perpetuating nature of full-blown eating disorders

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What About the Rarity of EDs?
Risk Factors & Probability (Hanson, 2004)

If there were 4 (relatively) independent risk factors for bulimia nervosa, then to achieve a population frequency of .02 (the point prevalence), each would have to occur at a frequency of .38 in the population, because .38 to the 4th power $(.38^4)$ = .0208.

"The factors that lead to schizophrenia, as Dr. Gottesman taught us, are multiple. These factors must be quite common in the population and thus are not necessarily abnormal. [We need to] get out of our mindset of searching for abnormal schizophrenia genes and broaden our view to look at normal individual genetic variation in conjunction with exposure to common environmental agents" (p. 214)

Sociocultural Perspective:
High Risk Families Are Important – BUT:
A Simplified Look at the Rose Paradox (Austin, 2001; Rose, 1995)

Number	Risk	% - Disorder	N
5,000	High	27.0	1350
95,000	Lower	3.0	2850
100,000 total	Low-mod?	4-5	4200

2850/4200 = 67.8% of cases
come from Low to Moderate Risk

Let Us Together Be Very Careful and Very Sensible

Consider the following imaginary example (From Lerner, 2002, p. 253):

A long-standing law dictates that only men can hold positions of leadership in a society. 10,000 people are chosen at random from the society. People could be classified into two groups: Those with absolutely no chance at being elected to a position of leadership and those with some meaningful chance. All the difference in eligibility between the two groups can be summarized, i.e., accounted for, by genetic difference. The heritability of eligibility for elected office is thus 100%.

Is the difference in eligibility "genetic in nature"?

AND

Will genes for eligibility eventually be found?

-- High heritability does not mean that characteristics are fixed, unchangeable, or unresponsive to environmental change

-- "Behavior genetics is concerned with the 'what is' rather than the 'what could be' or the 'what should be'" – Richard Rende