Illinois Society for Clinical Social Work

Newsletter

Development through research, advocacy, education, affiliation and action.

IN THIS ISSUE:

Through a Clear Lens

by Kevin Miller

We Have the Power

page 2

Book Reviews

Honest Aging: ***An Insider's Guide to the Second Half of Life***

by Rosanne M. Leipzig, MD, PhD
(review by Bill Kinnaird)

Friends, Lovers, and the Big Terrible Thing: ***A Memoir***

by Matthew Perry
(review by Bill Kinnaird)

page 4

Fires in the Dark: ***Healing the Unquiet Mind***

by Kay Redfield Jamison
(review by Rich Horwitz)

page 5

Original Clinical Article

Health at Every Size **in Eating Disorder Treatment and Clinical Social Work:** ***Embracing Body Acceptance and Social Justice***

by Bree Sorensen, LCSW, CADC

page 6

Advertisement

Personal Computer Coaching and Private Tech Support with Adam Ornstein, ***ISCSW IT Administrator***

see ad on page 7

Farewell to Our Readers

page 11

President's Message

This is a President's Message I never thought I'd have to write. It marks the end of the *Illinois Society for Clinical Social Work*. After 50 years of serving the Social Work community, we are closing our doors and saying goodbye. I write this with sadness, the same feeling many of you have expressed in your letters and emails to myself and the Board.

Over the years, ISCSW has been a source of excellence in continuing education, clinical expertise, outstanding presentations, access to the *Clinical Social Work Journal* and this ISCSW *Newsletter*. And, most important of all, opportunities to connect with other professionals. We're honored to have been a place professionals could turn to for all of this. Historically, ISCSW has been a part of national change. Our Society took a leadership role in procuring social work licensure in the 1980's, a licensure which was needed to ensure the maintenance of high-quality practice standards, and a licensure which didn't exist before then. We also had a lobbyist to give us a voice in the passage of bills relevant to our work.

ISCSW has gone through an amazing evolution in our members' approaches to treatment. At the outset, psychoanalytic theory was the order of the day, thought to be the most valuable approach to therapeutic intervention. Gradually, theoretical beliefs diversified. A "psychodynamic" approach broadened our acceptance of therapy norms. There was more emphasis on family treatment. Early attachment theory was restored to a central place in our work, and theoretical beliefs more than diversified – they abounded. Methods of treatment now range from relational to behavioral, and from psychological exploration in offices to the pursuit of cultural competency, cultural humility and social justice out in the community. Our history and evolution led us to where we are today. And, on the eve of our closing, the question most frequently asked is, "*Why close?*"

We could just answer with the word *change*, but it needs clarification. As we all know, our world is bursting with change – both good and bad. We've all been through so much: survival is a central theme. We survived the pandemic but aren't sure who's going to survive the oppression in our midst. We've opened up conversation across cultures, but we're not sure who's going to survive the wars around us. We can talk to and care for each other from miles away on the screen, but we don't know how much humanity and decency will survive. We understand ourselves better than ever before, but can we survive the horrors that are making us turn off the news in mid-sentence? This is on a global scale.

On a smaller scale, we're seeing many changes in our professional world of Social Work. We can now do treatment virtually. We can get continuing education, training, and CEU's by touching our computers. ISCSW no longer occupies the niche that was formerly so sought after. Now there are many other ways to get the certifications we need, and the demand for in-person professional connection has changed significantly. All of these are factors in our declining membership and financial viability.

While the impact of change has been hard on the Society, and other organizations like us, it's also true that we've had a good run – a wonderful run. Let's take pride in all of our accomplishments. We've been there for our professional community in so many positive ways, and that fact will hopefully cushion the sadness over our ending.

To all of you who have been a part of ISCSW, presenting seminars or just attending them, contributing wonderful articles to our *Newsletter* or just reading them, working on our Board or just being a member, thank you.

We will miss you. We will miss each other. But I want to end this Message in a spirit of victory, relfecting on all that we've given to our Social Work community.

It's been a pleasure,

Ruth Sterlin

Ruth Sterlin, LCSW
President, ISCSW

Through a Clear Lens

by Kevin Miller

We Have The Power

As social workers, we are bound by our Code of Ethics to certain ethical principles. For example, our Code of Ethics guides us to "treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity," to "promote clients' socially responsible self-determination," and to "seek to enhance clients' capacity and opportunity to change and to address their own needs" (NASW 2017). These are principles of one of our core values, to "respect the inherent dignity and worth of the person" (NASW 2017).

But our Code of Ethics doesn't cease to exist when we clock out—these ethical guidelines can and should extend beyond our practice into our personal lives. There is no scenario, professional or personal, where it would be inappropriate to ask ourselves, "Am I treating this person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity?" This question applies to our internal assumptions and thoughts, too. For example, do my beliefs about this person reflect care and respect, mindful of individual differences and cultural and ethnic diversity? Asking ourselves this question is immensely important because we may have biases, maybe even unknowingly, that are both individually harmful to people, and harmful in a broader sense in that people's beliefs constitute and shape our narratives and systems. In other words, social policy is not some natural occurring phenomenon—people create and uphold it through the narratives that we collectively construct. This makes sense, right? Our society's values and narratives don't just appear, they are created by us.

Given that there are hundreds of millions of people in the U.S., I sometimes feel like the contributions of one person don't matter, but that isn't true. I have to remind myself that social narratives work sort of like factorials in math (I am not a math person and had to look this up). For example, if I hear three of my friends reiterate points from the news coverage of recent "youth gatherings" in downtown Chicago, coverage which broadly portrays youth of color in Chicago as "troublemakers," I can counter those points and provide an alternative, accurate narrative that doesn't generalize or stereotype young people. Then, each of my three friends can do the same to three of their friends, and those nine people may challenge three of their friends, and so on. Before you know it, the original counter I provided my friends with is now influencing hundreds of people (and voters). We all actually play a crucial role in policymaking without even really knowing it. Hyper-policing of marginalized communities didn't just appear, it is a policy that people constructed to respond to a socially constructed, inaccurate social narrative.

Thus, we have a responsibility to challenge stereotypes and their corresponding narratives that uphold systems of marginalization. We have a responsibility to check our own beliefs and biases, and challenge the narratives fed to us, including the stereotype that young people of color cause trouble, or should be banned from utilizing public spaces, or that youth living in marginalized neighborhoods need harsher policing. We also have a responsibility to recognize that young people of color have a human right to self-determination and are more than capable of creating their own narratives.

Importantly we, especially white and non-POC social workers, must seek those narratives out. One such example that I would like to share is from the out-of-school program on the south side of Chicago that I direct, called Law Under Curious Minds (LUCM). In LUCM, we focus on teaching youth about their human, legal, and civil rights. Youth choose to join this program and have consistently evaluated it to be informative, engaging, and aligned with their values. For more information on Law Under Curious Minds, see: **empowercounselprog.wixsite.com/ecp-luc**

One of the human rights exercises that we do is called *we have the power*. For this exercise, youth are asked to think through a human rights lens and to imagine the world exactly as they'd like it to be—what would the world look like if you had "all the power?" That is all the instruction they were provided with and their responses were touching, beautiful, and emphatically focused on doing good for others. Every one of these responses was written by Black youth living in and around the Englewood community—the same demographic that news coverage so often portrays as troublemakers. While reading their responses, I encourage you to think about how they compare to narratives about youth of color that you see on the news or hear from others that you encounter in your daily lives. When you read the youths' words, keep in mind our Code of Ethics, our duty to respect the inherent dignity and worth of a person, and youths' human right to self-determination.

Below are some the youths' responses:

- *"Even as teenagers, we all have the power and the right to make changes in this world. We all can help others see the world differently and in a more positive way. At this moment, we have the power to change everyday issues like poverty, racism, violence, and education. If we put our minds to it, we can change these situations by doing things such as marching and writing letters to people*

with more power. Understanding Human Rights is both about understanding when they are violated and how to fulfill them. Human rights are like ideals. This is what we all aspire for, and this is how we would fulfill them if we could."

- *"I would have the country focus on collaboration instead of competition. Where everyone can have a home of their own. Where poverty is reduced tremendously, and every one can find a job. Where drug trafficking and guns don't terrorize the streets and get into kid's hands. I would make an education system that gives every kid a chance. And I'd make a prison system that doesn't force people in. I'd make a place where anyone can come for refuge and accept anyone no matter what race, nationality, gender, age, or sexual orientation."*
- *"If I had the power, I would make sure everyone has the same education. It would be accessible for all people of any race, age, sexuality, and more. More than half the world's population does not have access to education. I would also make college cheaper for all people. People would be able to afford the education they deserve. They would be able to have jobs that they would want to do. If college was cheaper, there would be more successful people with good paying jobs (doctors, lawyers, teachers, etc.) and student debt wouldn't be so extreme. The average student loan debt is about $29,800. People wouldn't live the rest of their lives with student debt and would be financially stable enough to buy necessities every human deserves."*
- *"I would like to provide fresh produce and have more farms than factories in communities. I would make sure that every child, ages 5-18 is in school. After highschool, people should be allowed to choose whether they want to go to college, but college should be affordable for those who would like to attend because they deserve it. I would make sure everyone is sheltered and has food, water, and clothing. I would ensure that everyone is safe and is treated fairly. I would give people the opportunity to do what they would like to, in regard to their career path and the amount of money they want to make."*
- *"I would make sure everyone is less judgmental and accepts people for their character and not their sexual preference or the color of their skin. Everyone would be treated equal. I feel as if in my era, we still go through segregation. Although our era might be better than the era of slavery, I feel like we're still separate. One issue that I think needs to be fixed is homelessness. Homeless people are disadvantaged and can't take advantage of human rights. Homeless people are forgotten, and I think that one way we could fix this is having more empathy for each other. Put yourself in their shoes to see how hard life is. That's how you get your blessings. People should help others without expecting anything in return. Nowadays, society is based on "well what's in it for me," or "how is that benefitting me?" People only think about themselves and how helping someone is going to help them."*
- *"I would make sure everyone in all communities would be equal in every way. No one would have a head start in the world. Everyone would have an equal opportunity to be successful. No one would be judged by their skin color or what they look like or who they like. Everyone would be able to get an affordable education and access to everything any person would need. Everyone would be able to have shelter, no one would be on the streets."*
- *"I would change the amount of gang violence and the number of killings going on. Everyone would have the right to a free education, equal rights, and there would be no racism allowed. Everyone has the right to freedom, fair treatment, a right to housing, and a right to life. No one should be getting treated unfairly because nobody is perfect or better than anyone else. We all are human beings."*

These are some of the youths' responses to what the world would look like if they "had all the power." Their responses depict a deep sense of caring and compassion for others and the world, which contradicts the racist narratives that we are so often fed. As social workers, we must find ways to challenge dominant racist narratives because they shape how people think and act. Our Code of Ethics implores us to "seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity" (NASW 2017) and according to NASW (2017), "the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty." Challenging racist narratives, seeking out more accurate narratives created by the impacted group, and finding ways to promote our clients' self-determination are ways that we can all accomplish this mission as social workers. Everyone has the human right to self-determination and thus, everyone has the human right to shape their own narratives.

References

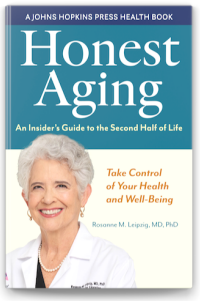
National Association of Social Workers. (2017). NASW code of ethics. Retrieved from www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Book Reviews

Honest Aging:

An Insider's Guide to the Second Half of Life

by Rosanne M. Leipzig, MD, PhD (2023)
424 pages



Reviewed by Bill Kinnaird

"*The ego is first and foremost a bodily ego*," Freud declared a century ago. But what happens to one anatomically, biologically, physiologically, and psychologically in the second half of life and as one ages? Dr. Leipzig explores this in her book. Her aim is to help the reader anticipate and successfully adapt to the changes and challenges of aging.

With over 30 years' experience treating older people, Rosanne M. Leipzig, MD, PhD is professor and Vice Chair Emeritus for the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai Hospital in New York.

After suggesting general healthcare considerations and what may be normal aging, the author specifically discusses a wide range of expectable changes that come with the second half of life. The book includes chapters on the mind, energy cycles, moods, physical balance, sleep patterns, body weight, vision, hearing, digestion, body weight, sex, and more. The author concludes with a chapter on "Difficult Decisions" a person must eventually consider.

The author begins each chapter exploring the question, "What's Normal with Aging?" Then she explains "What Isn't Normal Aging? The author has "yellow flags" and "red flags" to alert the reader to emerging problems that require medical attention. Each chapter includes an interesting section to address commonly asked questions.

For example:

"I'm having more 'senior moments.' Am I developing dementia?" (p. 69),

"Is frailty inevitable with aging?" (p. 92)

"Does everyone's hearing get worse with aging, or is this just another myth?" (p. 212)

"Many of my friends have developed difficulty sleeping as they age. What can I do to avoid having the same problem?" (p. 163)

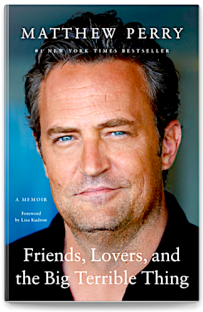
"Food no longer tastes good to me. Is it normal to lose the sense of taste with aging? Is there anything I can do to get it back?" (p. 301)

Dr. Leipzig answers and gives guidance on these and many more commonly raised questions, and discusses the best healthcare practices. Each chapter includes a comprehensive list of medications, their effects and side effects. Finally, each chapter concludes with "Advice for Loved Ones" and additional useful resources.

Though the reader may not choose to read it from cover to cover, Honest Aging is an excellent reference book. While this reviewer found the hardcover edition to be expensive at over $60, *Honest Aging* should be in the collection of every public library.

Friends, Lovers, and the Big Terrible Thing: *A Memoir*

by Matthew Perry (2022)
250 pages



Reviewed by Bill Kinnaird

It's no Hollywood tell-all, though the entertainment industry is very much an interesting backdrop for this personal memoir by Matthew Perry—aka Chandler Bing from the popular 1990s–early 2000s TV sitcom *Friends*. Written when Perry was in his early 50's, it's about his desperate, life-long struggle with alcohol and drug addiction—the Big Terrible Thing, as he terms it. His autobiography may be of interest to clinical social workers to help them grasp the dynamics, devastating consequences, and struggle to recover from severe addiction.

Some readers may find Mr. Perry's narrative of incessant substance relapses and Hollywood shenanigans a little tedious. He entered his first addiction rehab at age 26, and at the time of writing he admits having detoxed at least 65 times. He very nearly died at one point. Though fabulously wealthy, he spent many millions of dollars on his struggle to recover. Learning addiction is a brain disease was a breakthrough moment for him. About his relapses, he avers, "Alcoholism is coming for you, baffling and powerful and patient" (page 226). He admits that he's "capable of staying sober unless anything happens" (page 141).

Eventually, Mr. Perry found his way to *Alcoholics Anonymous*, and readers familiar with AA may sense that this memoir is entwined with his effort to work the AA 12-step program. In particular, he talks about his healing relationship to "a higher power," encouraged by AA Steps Two through Seven. Then there are indirect traces of the other five Steps culminating in his admission that in writing his memoir he hopes to help others struggling with addiction, AA Step Twelve.

Perry explores his understanding of his emotional struggles. He was born to a young 21-year-old mother who was preoccupied professionally in her demanding job as Canadian Prime Minister Pierre Trudeau's spokeswoman. His father left his mother before he was born, so, until his mother remarried, Perry was left with his mother, a very preoccupied and often distracted parent. These experiences left him with life-long fears of abandonment, feelings of loneliness, and emptiness. His achieving fame and financial success did not assuage these feelings as he hoped they would. Although he did discover at age 14 when he had his first drink, he managed to feel much better.

For the psychodynamically-oriented clinician familiar with Winnicott and Kohut there is a relevant story here. While it is a frank and honest tale of his life-long addiction, Matthew Perry's autobiography might be a resource for the social work clinician to share with a client who struggles with similar issues.

NOTE: After this review was completed, Matthew Perry sadly died unexpectedly on October 28, 2023. He was 54 years old. Perry was found unresponsive at home in his hot tub. While foul play was ruled out, what contributed to his death has not yet been fully determined. Press reports indicate that acute effects of ketamine, which the actor was prescribed as an infusion therapy for depression, may have been a contributing factor.

Fires in the Dark:

Healing the Unquiet Mind

by Kay Redfield Jamison (2023)
381 pages

Reviewed by Rich Horowitz, LCSW, ACSW

Healing the Unquiet Mind, the subtitle of Kay Redfield Jamison's elegiac *Fires in the Dark*, immediately draws the reader's attention to the author's widely hailed reminiscences, *An Unquiet Mind: A Memoir of Moods and Madness* (1995), in which she bravely disclosed her own struggles with bipolar disorder despite admonitions from colleagues that revealing her history would imperil her career. Professor of Psychiatry at Johns Hopkins University School of Medicine and co-author of the text widely used to study manic depression (her preferred term), Jamison is also Honorary Professor of English at St. Andrews University in Scotland and her love of poetry and literature shines through in *Fires in the Dark* as she weaves the verse of esteemed poets into her narrative, an idiosyncratic exploration of the journey back from mental anguish and the healers who have shown the way.

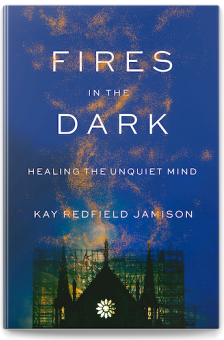
She begins her study with the horrors of WWI, a crucible that gave shape to extraordinary healers. The first section of the volume looks at the devastation of war trauma against the backdrop of the lives and legacies of William Osler, regarded by many as the founder of modern medicine, and W. H. R. Rivers, a polymath, who was an early practitioner of psychotherapy during the years of the Great War when the distinguished poet, Siegfried Sassoon, was his patient. Rivers regarded "psychotherapy as the oldest branch of medicine" (p. 144), tracing its origins to Egyptian and Greek forerunners. Osler was steeped in the enduring masterpieces of the seventeenth century, *Religio Medici* and *Anatomy of Melancholy*. Of their respective authors, Sir Thomas Browne and Thomas Burton, Jamison noted they "had sweeping intellects, minds that dipped and flew" (p.31), a description that applies equally well to herself.

The second section focuses on healers and the attributes that make them especially adroit in blending art and science. She revisits the writings of Jerome Frank who studied the healing powers of psychotherapy across diverse treatment methods and concluded that the personality of the healer and the therapeutic alliance mattered most. The final part looks at the role of imagination in healing and more specifically at "the importance of art, adventure, adversity, and courage" (p.9). Recognizing the impossibly complex sources of wellness, Jamison expresses admiration for Paul Robeson whose passionate singing quickened the spirit of early civil rights workers and imbued them with a sense of purpose. In celebrating skilled healers, Jamison lauds her long-time psychiatrist who asked two fundamental questions: "*What matters to you? How can I make a difference?*" (p. 11).

There is a long history behind the idea of the wounded healer. Of her own path, Jamison wrote: "I was told, and it was true, that healing would be hard. I was told as well that the journey would bear benefit of a sort that I could not imagine. This too was true" (p. 295). Empathy is essential, she asserts, but never should it be confused with competence. The latter "means to be ... current in relevant clinical science, adept in the use of medical and psychological treatments, ... skilled in recognizing the context and diverse manifestations of psychopathology ... and to freely consult books and colleagues" (p. 151). Balancing empathy with distance to prevent immersion and preserve objectivity is a ceaseless endeavor.

Fires in the Dark is a profoundly personal piece of writing, far from a traditional monograph, that reads like a kaleidoscopic overview of the astonishing range of influences across the humanities that have shaped the author's life and research. She underscores the value of work in living with mental illness and her study resembles a tapestry of all the persons, ideas, art, music, and literature that have sustained the author through her extraordinary life. "An archipelago of thoughts, experiences, and images" (p. 12), was her own apt summation. The narrative is so deeply personal, its scope so broad, that a reader may lose its thread at points.

Yet that singular path was her way back from the precipice. At age twenty-eight, already a professor at UCLA, Jamison nearly died after a suicide attempt. Now, almost a half-century later, she engages in deep reflection on the art of healing, marveling at its complexity, and reminds clients and clinicians alike that the road to recovery is distinctive, never prescriptive. "Psychotherapeutic techniques, like medications, come and go," she remarks, but restoring well-being can never be reduced to a set of procedures. Kay Redfield Jamison is uniquely positioned to write about healing and healers and therapists of all backgrounds stand to learn much from her impassioned inquiry.



Original Clinical Article

Health at Every Size in Eating Disorder Treatment and Clinical Social Work:

Embracing Body Acceptance and Social Justice

by Bree Sorensen, LCSW, CADC

There are numerous lenses through which to consider eating disorder treatment: as an eating disorder practitioner, a researcher, and as a client recovering from an eating disorder. Reflecting upon my own experiences as a client, changing my body was the ultimate goal of most of my previous treatments. Depending on what side of the yo-yo I swung, the goal was either to gain weight or lose weight. Throughout my early days of treatment, I felt incredible shame and frustration with my body. My body felt unruly and uncontrollable. However, on my path to recovery, I started working with an eating disorder specialist who focused on Health at Every Size (HAES). HAES is a paradigm shift that does not see the body as problematic and something to be controlled, but instead scrutinizes the social structures that teach us to hate our bodies.

What is HAES?

Health at Every Size (HAES) was developed by nutritional counseling researchers in 1995 as a response to the overwhelming focus on weight and diet as the primary indicators of *health* (Wotasik 2013). HAES takes a weight-inclusive approach to wellness because it values the normalcy of body diversity; which refers to the natural variations in body size, shape, composition, and disability among individuals (Bacon & Aphramor 2011). HAES also works to end weight stigma, de-emphasize weight as the sole indicator of health, reject diet culture, and promote self-compassion. In order to truly see the importance of this paradigm shift, we have to go back and learn about the systems that brought HAES to light.

Diet Culture

In this country, it is difficult to discuss health without including *diet culture*. Diet culture in the United States is an influential and highly profitable industry estimated to be worth 270.9 billion dollars by the end of 2023 (Market Data Forecast 2023). Diet culture comprises a set of beliefs and practices that place a strong emphasis on the pursuit of a thin or *ideal* body shape, often through restrictive eating habits, weight loss, and appearance-focused goals. A desire to be thin and the subsequent body image dissatisfaction are already seen in girls as young as six years old (Dohnt & Tiggemann 2006). Diet culture is typically perpetuated through media, social norms, and other industries, including the medical industry, which often centers on weight. Faw *et al.* (2020) describe three critical beliefs in our diet culture: that health can be directly correlated with weight, that weight loss improves social status, and that the emphasis should be on food and body morality. Food and body morality is best seen through language when we label food and behaviors as either *good* (e.g., vegetables) or *bad* (e.g., desserts). These beliefs are rooted in anti-fat and anti-Black messaging as diet culture idealizes white, western-European bodies, and thinness, which all implies that fatter bodies and Black bodies are less valued. The dominant message from diet culture is: *my body is unacceptable*, and I must take personal responsibility to make it acceptable. These messages are easily internalized as clients are left feeling trapped between what their body needs and what diet culture wants from their body.

Unmasking Diet Culture

Despite a multi-billion-dollar diet industry's marketing, research shows that 95–98% of individuals who diet will regain all of the weight and more over time regardless of adherence to their diet and exercise program (Bacon 2008, Bacon & Aphramor 2011, Mann 2007). Ultimately, because bodies do not know the difference between a diet and starvation, rebounding in weight is a protective biological response that keeps our bodies safe

(cont. page 8)

Orchard I.T.

Personal computer coaching and technical support by Adam Ornstein

I have been honored to provide computer support to ISCSW for almost seven years as IT Administrator. Some of my proudest contributions have included developing our modern *Newsletter* layout design and, in the midst of the COVID-19 crisis, ensuring a smooth transition to online Zoom programming for our Conferences and *Sunday Seminars*.

Through family ties and the many professional connections made during my time here, I have developed a passionate interest in helping social workers navigate their technology needs. Although ISCSW is closing, I hope to remain available as a resource for the Illinois clinical social work community. If you believe you could benefit from any sort of technology help, please don't hesitate to get in touch!

– Adam

Feel ***empowered*** by computers, not hindered or frustrated!

Extensive experience helping clinicians of all ages and all skill levels to get the ***most*** out of your technology, both at work and in home life.

Patient and personalized teaching approach, working at ***your own pace*** to cover the areas ***you*** want to learn.

Areas of Expertise include: troubleshooting general issues, recommendations or personal shopping for new equipment, mastering teletherapy, digital HIPAA compliance, security/password audits, data backup & recovery, smartphone tips, Zoom skills, WiFi optimization, presentation slide deck design, spam control/ organizing emails, website design, teaching new skills, ***and much more…***

Comfortable with Mac or PC, as well as iPhone/iPad or Android

To schedule a free initial consultation, email or text:

adam@orchardit.com

(827) 258-2158

Special Rates available to Social Workers–mention this ad!

Original Clinical Article (continued)

from future starvation and chronic dieting (Bacon 2008, Bacon & Aphramor 2011). Diet culture leads us to believe that this inherent problem is due to a lack of willpower and personal failure; but research tells us it is a complex set of biological, physiological, psychological, social, and economic factors. In fact, the longest randomized controlled trial (RTC) focused on a group of 20,000 women that lasted over eight years, showed little to no change in participant weight from the study's start, and that the waist circumference of the women had actually increased over time (Howard, *et al.* 2006). All participants maintained a low-fat and low-calorie diet while maintaining an active exercise program for the study (Howard, *et al.* 2006). The RTC also showed that health indicators can be improved through changing behaviors regardless of whether or not weight is lost.

What is Social Work's Role?

The parasitic relationship between dieting and eating disorders is important to note, because several cross-sectional studies conclude that dieting is the most important predictor of an eating disorder (Field, *et al.* 1999, Golden, *et al.* 2016, *Statistics & Research on Eating Disorders* 2018). Clinical social workers often are often guilty of incorporating diet culture into their care of clients by using intentional weight loss as an achievable goal. Diet culture survives on its exploitation of the insecurities and vulnerabilities of the individuals who interact with it (Bacon 2008), which is unknowingly reinforced by mental health workers – including social workers – in their anti-fat attitudes and mistreatment of fat clients (Afful & Ricciardelli 2015, White 2013, Wood, et al. 2020). In a quantitative study examining medical social workers' attitudes toward fat clients, 85% of the participants held negative attitudes towards them and were more likely to believe weight and body size can be controlled (Shinan-Altman 2017). Weight stigma and anti-fat bias can be disguised as health issues (Pausé, *et al.* 2014), and for many clients, it can create fear and hatred of their own bodies (Gordon 2020).

One of the most prominent places social work practitioners can see this is in the use of the Body Mass Index (BMI). While many know that BMI is not an accurate measurement of health, as its formula only utilizes body weight in kilograms divided by height in meters (Mahadevan & Ali 2016), many are not aware of its racist origins. The BMI, originally known as the Quetelet Index, was conceptualized as a mathematical formula in the 1800s to represent the ideal man using only white, cisgender men (Gordon 2019, Strings 2019). While Quetelet stated his work was never meant to generalize and measure individual body fat or health, he did work alongside academics who used his work to justify eugenics and forced sterilization of disabled people, people of color, and people living in poverty (Gordon 2020). Nearly 100 years later, Met Life, the life insurance company, adopted the Quetelet Index as an ideal weight table and began using it as a way to charge 'overweight' people more for insurance policies (Gordon 2019, Strings 2019, p. 199). Over time, physicians and other medical providers began to adopt this new weight table, and in 1957 researcher Ancel Keys renamed it the BMI. Ancel Keys is best known for his work, *The Biology of Human Starvation*, and regularly referred to fat people as "unsightly", "clumsy", "disgusting", and "ethically repugnant" (Blackburn & Jacobs 2014, Strings 2019, p. 198). Overall, the BMI is a poor measurement tool with roots in white supremacy (Fletcher 2014, Stoll 2019); yet, it is still frequently used by eating disorder practitioners as part of the diagnostic criterion for anorexia nervosa and atypical anorexia nervosa.

Clinical Approaches to HAES

Even though clinical social workers must engage with harmful measurements and perceptions of health, there are several clinical approaches we can incorporate into our practice. The first is recognizing our own internal bias and getting curious about our own relationship with diet culture and our bodies. Unlearning a lifetime of

harmful rhetoric requires a significant amount of self-reflection. This unlearning process is not only beneficial in our growth as clinicians, but it also protects clients from potential projection. Using *The Health at Every Size® (HAES®) Principles*, here are some suggestions to incorporate HAES into your clinical care by:

1. Shifting away from weight and appearance-based goals
2. Working towards body neutrality (not just positivity)
3. Embracing joyful movement for pleasure, not punishment
4. Respecting your body's need for rest
5. Building a community of like-minded folks using HAES networks like ASDAH (Association for Size Diversity and Health)
6. Working with a registered dietician (RD) who also practices HAES to ensure you are always practicing within your scope
7. Interviewing medical providers for weight-centric practices before recommending them to clients
8. Choose accessible, sturdy, comfortable seating for fat bodies.

Finally, the most important components are kindness, compassion, and patience with ourselves and our bodies. Taking a nonjudgmental approach to this type of treatment reduces shame and guilt as we begin to truly internalize the beauty of diversity.

Incorporating Social Justice into Clinical Care

Over time, HAES has evolved not only as a clinical approach to care but also as a social justice movement because of its connection to the fat liberation movement. The fat liberation movement is best described as a radical and ambiguous social movement that seeks to disrupt systemic weight prejudice, promote psychological well-being, and advocate for equal rights (Cooper 2016). Combining both lenses of the clinical and liberation components, HAES encourages social workers to critically appraise, get curious, and interrogate dominant and oppressive social structures. Incorporating activism and social justice into your clinical practice can include partnering with HAES organizations, both professional and recreational, to connect clients to community and care. For example, I am the cofounder of Fat Babes of Chicago (FBC) and encourage clients to regularly attend events. FBC is a HAES-aligned organization that hosts consciousness-raising events, clothing swaps, fat pool parties, and scale-smashing events. Encouraging clients to participate in HAES outside of the therapy office provides deeper healing, reduces stigma, provides peer support, and leads to collective action towards social change (Sorensen & Krings 2023). HAES also has a large online community where clients can access support 24/7 which is convenient, cost-effective, and sustainable support for clients. FBC has been a positive experience during my recovery, because it provides a type of validation through shared lived experiences that I cannot find elsewhere.

Summary

Health at Every Size is a paradigm shift that values body diversity, challenges weight stigma, rejects diet culture, and promotes self-compassion. Understanding how diet culture impacts our relationship with our body and how it is entangled with eating disorders can help social workers deconstruct their own biases and shed light on how these biases impact clients. By increasing awareness regarding antiquated and racist measurement tools, *i.e.,* BMI, social workers can resist weight-centric structures and pressure for policy change. In practice, clinical social workers can shift away from weight-based goals, promote body neutrality, and build a supportive community to cultivate joy, foster healing, and facilitate collective change. Utilizing HAES in practice also includes incorporating activism and social justice into clinical treatment. Ultimately, receiving care for your body that also unapologetically calls out the social structures causing harm is a transformative experience. HAES reminds us that, no matter our size, we deserve to take up space, and never have to shrink ourselves for others' comfort.

Brianna (Bree) Sorensen, LCSW, CADC is a PhD candidate at Loyola University Chicago researching fat activism and eating disorders within the LGBTQ+ community. She is the owner of Practical Magic Healing, a queer-run, private practice in Chicago. She is also an adjunct faculty at both Loyola University Chicago and Fordham University.

References

Afful, A. A. & Ricciardelli, R. (2015). Shaping the online fat acceptance movement: Talking about body image and beauty standards. *Journal of Gender Studies*, 24(4), 453–472. www.doi.org/10.1080/09589236.2015.1028523

Bacon, L. (2008). Health at every size: The surprising truth about your weight. BenBella Books Inc.

Bacon, L. & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(1), 9–9. www.doi.org/10.1186/1475-2891-10-9

Blackburn, H. & Jacobs, D., Jr. (2014). Commentary: Origins and evolution of body mass index (BMI), continuing saga. *International Journal of Epidemiology*, 43(3), 665–669. www.doi.org/10.1093/ije/dyu061

Cooper, C. (2016). Fat activism: A radical social movement. Bristol, England: HammerOn Press.

Dohnt, H. K. & Tiggemann, M. (2006). Body image concerns in young girls: The role of peers and media prior to adolescence. *Journal of Youth and Adolescence*, 35(2), 135. www.doi.org/10.1007/s10964-005-9020-7

Faw, M., Davidson, K., Hogan, L. & Thomas, K. (2020). Corumination, diet culture, intuitive eating, and body dissatisfaction among young adult women. Personal Relationships, n/a(n/a). www.doi.org/10.1111/pere.12364

Field, A., Camargo, C., Taylor, C, Berkey, C., Frazier, A., Gillman, M. & Colditz, G. (1999). Overweight, weight concerns, and bulimic behaviors among girls and boys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(6), 754–760. www.doi.org/10.1097/00004583-199906000-00024

Fletcher, I. (2014). Defining an epidemic: The body mass index in British and U.S. obesity research 1960–2000. *Sociology of Health & Illness*, 36(3), 338–353. www.doi.org/10.1111/1467-9566.12050

Golden, N., Schneider, M. & Wood, C. (2016). Preventing Obesity and Eating Disorders in Adolescents. 138(3), 12.

Gordon, A. (2019, October 18). The bizarre and racist history of the BMI. *Elemental*. www.elemental.medium.com/the-bizarre-and-racist-history-of-the-bmi-7d8dc2aa33bb

Gordon, A. (2020). What we don't talk about when we talk about fat. Beacon Press.

The Health at Every Size® (HAES®) Principles. (n.d.). ASDAH. Retrieved July 31, 2023, from www.asdah.org/health-at-every-size-haes-approach/

Howard, B., Manson, J., Stefanick, M., Beresford, S., Frank, G., Jones, B., Rodabough, R., Snetselaar, L., Thomson, C., Tinker, L., Vitolins, M. & Prentice, R. (2006). Low-fat dietary pattern and weight change over 7 years: The women's health initiative dietary modification trial. *JAMA*, 295(1), 39–49. www.doi.org/10.1001/jama.295.1.39

Howard, B., Van Horn, L., Hsia, J., Manson, J., Stefanick, M., Wassertheil-Smoller, S., Kuller, L., LaCroix, A., Langer, R., Lasser, N., Lewis, C., Limacher, M., Margolis, K., Mysiw, W., Ockene, J., Parker, L., Perri, M., Phillips, L., Prentice, R., Kotchen, J. (2006). Low-fat dietary pattern and risk of cardiovascular disease: The women's health initiative randomized controlled dietary modification trial. *JAMA*, 295(6), 655–666. www.doi.org/10.1001/jama.295.6.655

Mahadevan, S. & Ali, I. (2016). Is body mass index a good indicator of obesity? *International Journal of Diabetes in Developing Countries*, 36(2), 140–142. www.doi.org/10.1007/s13410-016-0506-5

Mann, T., Tomiyama, A., Westling, E., Lew, A., Samuels, B. & Chatman, J. (2007). Medicare's search for effective obesity treatments: Diets are not the answer. *The American Psychologist*, 62(3), 220–233. www.doi.org/10.1037/0003-066X.62.3.220

Market Data Forecast. (2023, March). Weight loss & diet management market size: Share report. *Market Data Forecast*. www.marketdataforecast.com

Pausé, C., Wykes, J. & Murray, S. (2014). Queering fat embodiment. Taylor & Francis Group. http://ebookcentral.proquest.com/lib/luc/detail.action?docID=1652956

Shinan-Altman, S. (2017). Medical social workers' perceptions of obesity. *Journal of Social Work*, 17(3), 343–357. www.doi.org/10.1177/1468017316644696

Sorensen, B. & Krings, A. (2023). Fat liberation: How social workers can incorporate fat activism to promote care and justice. *Affilia*, 08861099231183672. www.doi.org/10.1177/08861099231183672

Stahl, R. (2017). Clinical Practice versus social justice activism: Resolving conflict through research. *Smith College Studies in Social Work*, 87(4), 359–361. www.doi.org/10.1080/00377317.2017.1372338

Statistics & Research on Eating Disorders. (2018, February 19). National Eating Disorders Association. www.nationaleatingdisorders.org/statistics-research-eating-disorders

Strings, S. (2019). Fearing the black body: The racial origins of fat phobia. New York University Press.

Wakefield, J. (2016). Diagnostic issues and controversies in DSM-5: Return of the false positives problem. *Annual Review of Clinical Psychology*, 12, 105–132. www.doi.org/10.1146/annurev-clinpsy-032814-112800

White, F. (2013). "We're kind of devolving": Visual tropes of evolution in obesity discourse. *Critical Public Health*, 23(3), 320–330. www.doi.org/10.1080/09581596.2013.777693

Wood, J., Lane, M. & Mattheus, A. (2020). Social work and obesity: License to oppress. *Critical Social Work*, 21(2), 58–72.

Wotasik, J. (2013, August 6). History of the Health At Every Size® movement—The Mid-to-late 1990s (Part 4). ASDAH. www.asdah.org/history-of-the-health-at-every-size-movement-the-mid-to-late-1990s-part-4/

Farewell to Our Readers

As our Illinois Society for Clinical Social Work comes to a close after 50 years of service, it's time to convey heartfelt wishes for a rich future and a fond farewell.

As Editor of the *ISCSW Newsletter* for eighteen of those years, I would like to express my deep gratitude to all of you who have contributed to the newsletter. It's not possible to name everything you have written for us, but the list includes:

- **Original Clinical Articles** – by authors from throughout our Social Work community
- **Reflections on Our Work** – essays by members of ISCSW about working during the pandemic
- **Book Reviews** – many by Bill Kinnaird and Geoffrey Magnus, with an additional two by Rich Horowitz
- **Cultural Competence Platform** – a column containing essays by the students of Henry Kronner, Professor at Aurora University School of Social Work
- **Through a Clear Lens** – a column of essays on cultural humility and activism by Kevin Miller
- **Design, Format, & Copy Contributions –** Adam Ornstein provided an updated visual layout and wrote various news items, as well as overseeing the logistics of printing and mailing

and many other contributions, as well. Thank you all for your wonderful and hard work!

Fondly,

Ruth

PS: As a point of personal privilege, the layout and design section of Newsletter operations would like to here acknowledge and thank Ruth Sterlin for her service as our stalwart Editor, and as ISCSW President. This publication would not have been possible — or at least, not *nearly* as good — without Ruth's passion, guiding stewardship, and high professional standard of quality. From coralling contributors to copyediting final drafts, every piece we have published bears the hallmarks of Ruth's vision and her phenomenal attention to detail. No errant punctuation mark or clumsy turn-of-phrase has proved too minor to escape Ruth's thoughtful, always-constructive scrutiny, and we have all been elevated by the opportunity to work with her.

Newsletter Archive:

A digital collection of many past *Newsletter* issues will be published online, as a testament to all the *Illinois Society for Clinical Social Work* has accomplished and as a reference resource for our professional community. The archive will be made available free to all, regardless of ISCSW Member status.

To take a trip down memory lane and browse the collection, visit:

www.ilclinicalsw.com

Illinois Society for Clinical Social Work
1658 Milwaukee Ave # 100-6763
Chicago, IL 60647

Illinois Society for Clinical Social Work

Board Members

President
Ruth Sterlin

Vice President
Joe Kanengiser

Secretary
Joe Kanengiser

Education
Eric Ornstein

Standards & Practices
William Kinnaird

Legislation & Policy
Kevin M. Miller

Newsletter Editor
Ruth Sterlin

Member-at-Large
Kristy Bresnahan

Downstate President
Susan Keller

IT Administrator
Adam Ornstein

www.ilclinicalsw.com

iscswcontact@gmail.com