| By the end of the final set of lectures you should know something about | |
|---|--|
| 1) | The combination of forces that might produce eating disorders |
| 2) 3) | The combination of forces that might produce coercive sexual behavior. |
| 3) | Reasons why these are sex-specific pathologies. |
| 4) | You might even have some ideas about how to avoid these problems |

Successful sex-specific disasters.

An invented patient

The clinical criteria for the diagnosis are:

TWO CAUTIONS

What can we say about The girl:

The family:

Societal pressures:

Biological factors

How does all of this conspire to produce anorexia?

A downward spiral into a successful disaster.

What do you do with an anorexic patient?

Prognosis:

Bulimia: A different patient profile and another trap.

Now, let's think about a male disorder.

Hippolyta, I wooed the with my sword, And won thy love doing thee injuries But I will wed the in another key, with pomp, with triumph, and with reveling. MSND 1:1:16-19

What is the problem here?

What is this part of the lecture about?

A three part account

1.

2.

3.

I wooed thee with my sword....

NOTE: Explaining a behavior is not the same as condoning a behavior.

Risk Factors

AN EVOLUTIONARY ASIDE: Why is this a male pathology?

A big one

The vexed issue of consent:

Risk factors or no risk factors, why do some evenings end in rape?

Hyp 1: Psychopathology:

Hyp 2: Is rape adaptive behavior for males in evolutionary terms?

Hyp 3+: Feminist accounts.

Narrative and propositional thought.

Scripts

Pornography and romance novels

Warshaw, R. (1988). <u>I never called it rape</u>. New York: Harper and Row.

Communication (or its absence)

The power of conditioning.

Consider the ambiguous "no".

What is the schedule of reinforcement here?

What do we know about those schedules?

NOTE: Avoiding "rape myths"

Another spiral into disaster.

PREVENTION?