Teaching Kids to ♥CARE Instead of COMPARE

I. Understanding the problem and the need for a new approach

Unrealistic pressures and harmful misconceptions underlie many concerns about weight today. Both mass-media promotion of the “thin ideal” for appearance and weight-focused approaches to health provide the seedbed for most problems. A new model is needed to reduce weight stigma and promote health-enhancing behaviors instead of size in children, teens and adults.

II. The Model for Healthy Body Image and Weight challenges four toxic myths that underlie most body image, eating, fitness and weight concerns today. The model then provides the “antidotes” needed to resist these myths.

MYTH 1 —Appearance or the “right” weight is valued over substance: "How I look” or "What I weigh” is more important than "who I am.” Having a slim body or a “normal” BMI is essential.

Antidote: Teach kids to resist comparisons to external standards for appearance or BMI.

- Gain historical perspective on today’s body image and weight attitudes. Comparing yourself against standards for looks or weight that are not right for you is a formula for unhappiness, chronic stress, and poorer health.
- Become media literate. Learn to recognize advertising and other messages that objectify bodies, promote the “right size/wrong size” mentality, and lead to body dissatisfaction.
- Work on character development based on inner qualities, rather than on “packaging” or appearance.

MYTH 2 –The facts of biological diversity are denied: Anyone can be slim if they work at it. Fatter people (inevitably) eat too much and/or are inactive. Fat is bad/wrong, and fatter people are unhealthy.

Antidote: Teach kids the facts of basic biological diversity.

- People are born to be different sizes and shapes; taller, shorter, fatter and thin. Many factors that influence weight are genetic and are not in our power to control. It is wrong to make assumptions about a person’s health or their lifestyle habits based on their appearance or weight.
• Be prepared for the normal and predictable changes in body fat composition that occur during developmental stages of life, such as puberty.

• Recognize there is a limit to our ability to “control” weight through healthy means. A weight or weight range that is achieved “at any cost” is not a “healthy weight.”

**Myth 3** – The “Rx” for a higher weight is losing it: *DiETING is an effective weight loss strategy.*

**Antidote: Teach kids the facts about internal hunger regulation and “dieting” for weight loss.**

• The long term negative results of discounting hunger or restricting eating for the purpose of weight loss are very predictable. People lose weight in the short run, but eighty-five to ninety-five percent of weight lost through any type of dieting is regained, and 1/2 to 2/3 of dieters regain more weight than was lost.

**Myth 4** – The value of health is discounted if health-enhancing choices don’t result in the desired look or BMI range. *Healthy choices (just) for health’s sake are too much work!*

**Antidote: Teach kids to value health, happiness and positive self-care instead of the resulting size.**

• Eat well—listen to internal cues, and satisfy hunger completely with a balance of wholesome, good tasting foods that provide all the nutrients and energy you need every day. Enjoy “entertainment foods” in ways that do not interfere with your body’s nutritional needs.

• Be embodied!—listen and respond to your body’s need for movement, and spend enough time and energy being active to maintain your body’s fitness your whole life long. Enjoy sedentary entertainment in ways that do not interfere with your strength, stamina, vitality, and agility.

• Be confident and accept the size and shape that results from good self-care. Look for role models that help you to feel good about who you are, inside and out. Reject “ideals” that promote weight-bias and stigma.

“The doctor of the future will give no medication, but will interest his patient in the care of the human body.” (Thomas Edison)

The Model for Healthy Body Image and Weight provides the foundation for the *Healthy Bodies; Teaching Kids What They Need to Know* curriculum. Learn more at www.bodyimagehealth.org, where you will also find many useful, free, educational downloads, such as:

• The Model for Healthy Body Image and Weight
• The Healthy Body Building Blocks
• Ten Tips to Promote Positive Body Esteem
• The entire Preface for the *Healthy Bodies; Teaching Kids What They Need to Know* curriculum
• A complete sample lesson

Email or call Kathy Kater, LICSW with questions or for more information.

Contact information is at the top of the handout.
## The Model for Healthy Body Image and Weight

<table>
<thead>
<tr>
<th>Conceptual Building Blocks</th>
<th>Foundation</th>
<th>Desired Outcome</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental change is inevitable.</td>
<td>Recognize and respect basic biology; understand what is not in our control regarding size, shape, weight, and hunger.</td>
<td>Accept the innate body: &quot;This is the body I was born to have.&quot;</td>
<td>Healthy Body Image</td>
</tr>
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<td>Normal changes of puberty include weight gain and temporary out-of-proportion growth; fat does not by itself define &quot;overweight.&quot;</td>
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<td>Genetics and other internal weight regulators strictly limit the degree to which shape, weight &amp; Body Mass Index (BMI) can be manipulated through healthy means.</td>
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<td>Balance attention to many aspects of identity. Looks are only one part.</td>
<td>Emphasize what can be influenced or chosen.</td>
<td>Enjoy eating for health, energy, and hunger satisfaction. Create a physically active lifestyle for fitness, endurance, fun, relaxation, and stress relief.</td>
<td>Prevention of Unbalanced and Disordered Eating</td>
</tr>
<tr>
<td>Consistently satisfy hunger with enough varied, wholesome food in a stable, predictable manner.</td>
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<tr>
<td>Limit sedentary choices to promote a physically active lifestyle at all ages.</td>
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<td>Choose role models that reflect a realistic standard.</td>
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<tr>
<td>Promote historical perspective on today’s attitudes that promote body dissatisfaction.</td>
<td>Develop social and cultural resiliency.</td>
<td>Develop autonomy, self esteem, confidence, and the ability for critical thinking.</td>
<td>Well-Fed, Fit, and Strong Bodies at Every Size</td>
</tr>
<tr>
<td>Teach critical thinking about media messages about appearance and food.</td>
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<tr>
<td>Support each other in resisting unhealthy norms about weight, dieting, low nutrient food choices, and a too-sedentary lifestyle.</td>
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The Body Image Building Blocks

People become unhappy trying to control something that is not in their power to control. As for looks, it’s best to make the most of who we were born to be.

Hardly anyone looks as perfect as the models in advertisements. I will be careful not to compare myself or others to them.

It helps to support each other in having a healthy body image, in eating well, and in being active.

This advice is wise to follow.

The way we look is only one part of us. We need to pay attention to all of who we are.

Satisfy hunger completely with enough wholesome food at regular meals and snacks.

It’s important not to sit too much in our free time. Being active is one of the best things we can do for our health and self-confidence.

Choose role models you admire for things deep inside and who make you feel good about who you are.

These behaviors keep us strong.

The way we look will change as we grow up.

There are many different normal ways for looks to change in puberty. Sooner or later, most girls and boys gain weight and fill out.

Most of the way we look is determined before we are even born: taller, shorter, fatter, thin—all are normal, all built in!

Each person’s body works to grow and maintain a weight that is natural for him or her.

Weight-loss diets are not a good idea. We can hold back hunger for a while but will eat more to make up for it later.

These are facts we must accept.
Kids Need “Antidotes” to Resist Toxic Cultural Myths Today

To develop healthy body esteem today, kids need “antidotes” to challenge toxic cultural myths that encourage weight bias, body dissatisfaction, poor and disordered eating and fitness habits, and weight concerns.

**Challenge myths promoting size over substance:** “How I look” or “what I weight” is more important than “who I am.” A slim body or “normal” BMI is essential for the “right” appearance and for health.

Help students to resist body objectification and comparisons to external standards. Help them:
- Acquire historical perspective on today’s body image attitudes and weight standards. Comparisons to external criteria for appearance or health are a recipe for unhappiness, internalized stigma, and poorer self-care.
- Become media-literate. Think critically about media messages that objectify bodies and promote the “right size/wrong size” mentality.
- Develop a strong sense of identity based on inner qualities and positive choices, rather than outcomes that are not in their power to control in the long run.

**Challenge myths that deny biological diversity:** Anyone can be slim if they work at it. Fatter people eat too much, and/or are not active. Fat is bad/wrong.

Teach students basic biological principals. Help them:
- Understand the facts of genetic diversity. There are many complex contributors to size, shape and weight that are built-in and outside of our power to control.
- Be prepared for the normal, biologically “wired” changes in body fat composition that occur during puberty and other developmental stages of life.
- Recognize the limits to external control over weight through sustainable, healthy means. The internal weight regulatory system is influenced by many complex factors that are not ours to choose. It is presumptuous and prejudicial to judge a person’s lifestyle by his or her appearance or weight.

**Challenge myths that deny the universal and negative effects of externally prescribed hunger regulation:** Dieting is an effective weight-loss strategy.

Teach students the facts about dieting for weight loss:
- Recognize there are predictable, counterproductive results when hunger is not satisfied. Long term studies show over 90% of weight lost through dieting is regained and 1/2 to 2/3 of dieters regain added pounds.

**Challenge myths that discount health as a value and that encourage complacency about choices that do not result in the desired look:** “Eat, drink, and be merry!” Healthy choices for health’s sake are too much work.

Help children of every size to value and focus on health and well-being instead of size:
- Eat well. Listen to and satisfy hunger completely with a balanced variety of good tasting, wholesome food that provides the nutrients and energy their body’s needs.
- Be embodied, enjoy movement, and make movement a priority. Spend enough time and energy engaged in physical activity to maintain their body’s fitness level throughout life.
- Accept the diverse, healthy sizes and shapes that result from mindful self-care. Look for role models that help them to feel good about who they are inside and out. Reject “ideals” that promote weight-bias and stigma.

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Ten Essential Lessons to Build Body Esteem

Promoting Health as a Value versus Size as a Goal

To begin, accept what is not in your control:

1) Accept your body's genetic predisposition. All bodies are wired to be fatter, thinner, or in between. This includes fatter in some places and thinner in others. Regardless of efforts to change it, over time your body will fight to maintain or resume the shape it was born to be. You may force your body into sizes and shapes that you prefer, but you can't beat Mother Nature without a tremendous cost.

2) Understand that all bodies change developmentally in ways that are simply not in your control through healthy means. You may positively influence changes of puberty, pregnancy and lactation, menopause, and aging by making healthy lifestyle choices, but you will not "control" these changes, no matter how much you try.

3) Never "diet." Hunger is an internally regulated drive and demands to be satisfied. If you limit what is needed to satiate hunger completely, it will backfire, triggering preoccupation with food and ultimately an overeating or compulsive eating response. You may lose weight in the short run, but 95% of weight that is lost through dieting is regained, plus added pounds. Dieters who go off their diets only to binge are not "weak willed." They are mammals whose built-in starvation response has kicked in who are going after what has been restricted. Clear evidence has been available on this since the early 1950's, but most people are not aware of the predictable, counterproductive results of "dieting."

Then focus your attention and energy on what is within your power to achieve:

4) Satisfy hunger completely with plenty of wholesome, nutrient rich foods chosen from all food groups - eat well! In today’s world, surrounded by taste stimulating, cheap, cleverly advertised, readily available, low-nutrient entertainment foods, learning to feed your body versus merely "eat" is an essential difference.

5) Limit sedentary entertainment. Move aerobically, if possible, on a regular basis. Everyone who is not medically inhibited, regardless of size, can and should develop a reasonable level of fitness and maintain it throughout the life cycle.

6) Understand that if you eat well and maintain an active lifestyle over time, your best, natural weight will be revealed. Set a goal to eat well and be active. Don't be swayed by whether or not this makes you thin. Healthy, well-fed, active bodies are diverse in size and shape, from fat to thin and everything in between. Don't let anyone tell you otherwise, not even your doctor, who may be caught in unhealthy cultural myths about weight.

7) Choose role models that reflect a realistic standard against which you can feel good about yourself. If the "Ugly Duckling" had continued to compare herself to the ducks she'd still be miserable, no matter how beautifully she developed.

8) Maintain your integrity as a human being. In spite of advertisements seducing you to believe that "image is everything," never forget that how you look is only one part of who you are. Develop a sense of identity based on all the many things you can do, the values you believe in, and the person that you are deep inside.

9) Become media savvy. Educate yourself about the hidden power of advertisements. Advertisers spend tons of money on strategies specifically designed to make you feel there is something wrong with you. Why? If they first advertise an unrealistic standard of beauty that leaves you feeling deficient by comparison, a product that promises to improve your condition is an easy sale. Don't be "sold" this bill of goods.

10) Encourage your friends and co-workers to join you in developing a healthy, realistic body image. Use the collective energy your group would have spent on hating your bodies to make the world a better place. Help the next generation to develop healthy body image attitudes and learn positive lifestyle habits too.

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Beyond prevention of eating disorders and obesity…

Promoting Health Instead of Size in Schools

New! Fully updated Third Edition of the former Healthy Body Image curriculum

Healthy Bodies

Teaching Kids What They Need to Know

Kathy Kater, LICSW

A Comprehensive Curriculum to Address Body Image, Eating, Fitness, and Weight Concerns in Today's Challenging Environment

—Lessons target weight stigma and reduction of bullying

—Published in 2012 in association with the National Eating Disorder Association

“This powerful program teaches children the skills they need to manage food and weight successfully for the rest of their lives. The smiles and sense of confidence radiating from children who have had these lessons speak for themselves.”—Karin Kratina, PhD, RD, Nutrition Therapist, Author, Eating Disorder Recovery Center, University of Florida

“When I want to know how to talk to kids about their health and nutritional well-being, I read what Kathy has to say to them. Her words of wisdom resonate in today's chaotic food environment. Could it be as simple as she says? Yes, it can be. Kathy helps erase the fear and confusion around eating. At the same time, she promotes a positive body image and high self-esteem for all kids. She has seen the results of stigmatizing bodies that are too fat, too short, too skinny, too tall…and she celebrates the fact that human beings come in a wide variety of sizes and shapes. She has a lesson to teach…not just to teachers and kids, but to all of us.”—Joanne Ikeda, MA, RD, Nutritionist Emeritus, University of CA, Berkeley

At a time when they should feel secure in their body's growth, too many children today learn to feel anxious about weight and shape and to make choices that contribute to the very problems they hope to avoid. The results diminish the self esteem and integrity of growing bodies and egos, as well as consuming attention and energy that should be available for other important developmental tasks. The compelling wish to be slim provides the seeds for a host of body image, eating, fitness, and weight concerns that are extremely difficult to reverse once established.

Rather than helping, studies have confirmed that weight stigma and body dissatisfaction lead to poorer eating and fitness choices, less physical activity, weight gain and diminished health. Yet public health campaigns to prevent higher weights continue to ignore the bigger picture: “Size prevention” initiatives add to weight stigma. Weight stigma encourages disdain of fatness directed toward oneself and others with any visible fatness, as well as fear of fatness among average or low weight children. The worse children and teens feel about fatness and/or fear gaining weight, the less likely they are to make self-caring, health enhancing choices. Researchers at the Yale Rudd Center for Obesity and Health and elsewhere have issued a call for weight stigma reduction programs to promote positive eating and fitness habits without regard to size. Such programs are needed now, before more harm is done. The Healthy Bodies curriculum was developed in response to this call. Eleven engaging lessons teach children to:
• maintain a caring, mindful connection to their bodies from the inside-out
• develop an identity based on who they are rather than how they look
• reject weight stigma and respect genetic diversity of body size and shape
• understand how appearance changes with puberty
• defend against unhealthy cultural pressures regarding looks, weight, food, and dieting
• chose positive role models that support their deeper values
• actively embrace health and vitality through positive eating and physical activity
• support each other in having a healthy body image, eating well, and staying fit

— “Most of all, I value how these lessons make students realize they’re all in this together when it comes to puberty. I think if more schools introduced Healthy Bodies at a young enough grade level, they would notice a sharp decrease in the body teasing that is so harmful. This curriculum encourages students to embrace diversity and look out for each other. It ties in so nicely with our anti-bullying unit, and it is an excellent starting point for any upper elementary or middle school health program.” —Amy Smith, Shanghai American School Health Teacher/ Department Head

“This curriculum should be required in every school and is a must for anyone in the field of disordered eating, weight control and body image.” —Carolyn Costin, Executive Director, Monte Nido Treatment Center, Author of Your Dieting Daughter

“The Healthy Body Image curriculum should be in the hands of every elementary school teacher in the United States. The revised edition has the potential to transform classrooms, and is the resource for any school that wants students to develop positive self- and body esteem, resist unhealthy messages regarding weight, shape, appearance, fitness, and food, and be equipped with the building blocks to a healthy lifestyle.” —Margo Maine, PhD, Author of The Body Myth: The Pressure on Adult Women to Be Perfect, Father Hunger: Fathers, Daughters and the Pursuit of Thinness, and Body Wars: Making Peace With Women’s Bodies

Earlier editions of this curriculum were recommended by the USDH Office of Women's Health in its BodyWise information packet for educators, and lessons are being taught in schools across the country. Those who have enjoyed teaching the original HBI lessons will find these newly revised lessons to be familiar but improved by recommendations of educators and updated empirical data. As before, lessons are carefully planned, engaging, age appropriate, cross-curricular, and based on widely recognized, evidence-based prevention principles.

<table>
<thead>
<tr>
<th>Student responses to Healthy Bodies:</th>
<th>Teacher responses to Healthy Bodies:</th>
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</thead>
<tbody>
<tr>
<td>- “I learned to feel good about who I am and not worry about what I look like.”</td>
<td>- “Everyday the kids asked if they got to have health. That has never happened with a health unit.”</td>
</tr>
<tr>
<td>- “We learned about reaching puberty and loving ourselves for who we are.”</td>
<td>- “It was amazing to see how the kids opened up in the discussions. I think they became more interested in learning about healthy choices for health’s sake, versus just to get a slimmer look.”</td>
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<tr>
<td>- “No one is the same, and there’s no such thing as a perfect weight.”</td>
<td>- “I questioned the need for this until I overheard two of my (fourth grade) girls talking about feeling fat.”</td>
</tr>
<tr>
<td>- “I learned that I should not believe every advertisement. They are very often misleading [sic].”</td>
<td>- I'm really impressed with the way this curriculum reaches the boys in my classes. When they take the packets home to go over with their parents, it truly does help alleviate some of their tension.</td>
</tr>
<tr>
<td>- “You can’t really change how you look. Just eat a lot of good food and don’t watch so much TV and your family geens [sic] will tell your body how to turn out right for you.”</td>
<td>- Lessons provoke wonderful, engaging discussions that the children love. This is a fantastic curriculum, and I’m grateful to have it.”</td>
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<td>- “I learned to never judge someone by their looks alone.”</td>
<td>- “My own life would have been very different if I had (these lessons) in the fourth grade.”</td>
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<tr>
<td>- “I learned it is best to work at finding who I am and then being myself rather than trying to copy everyone else.”</td>
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Promoting HEALTH Instead of SIZE in Children
A New, Evidence Based Approach to Weight and Wellness
Teaching Kids to CARE Instead of COMPARE

Kathy Kater, LICSW

kathykater@isd.net  www.BodyImageHealth.org
A Universal Model for Promoting Health at Every Size (HAES) in Adults and Children: Kathy Kater, LICSW; kathykater@isd.net

Kathy Kater, LICSW:
www.BodyImageHealth.org
Changes in the number of teens and adults who endorsed the “thin ideal,” “feeling fat,” and “dieting” for weight loss or control

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<th>1960’s</th>
<th>2008</th>
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<tr>
<td>Females:</td>
<td>30%</td>
<td>65 – 83%</td>
</tr>
<tr>
<td>Males:</td>
<td>N/A</td>
<td>38 – 55%</td>
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</tbody>
</table>

“93% of college women engage in ‘fat talk.’” (Salk, 2013)

The prevalence of body dissatisfaction and unhealthy weight practices remains fairly constant from adolescence through young adulthood. (Neumark Sztainer, 2011)
NEW SOURCE OF MESSAGES PROMOTING FEAR OF FAT:
1000% increase in fear-based headlines 1998 - 2002
– “Obesity: The Terror Within.”
– “Bigger Waistlines, Shorter Lives”
– “Obesity Threat Dwarfs Any Terrorist Attempt.”
– “Fat Children Have Twice the Risk of Death…”
– “Fat Tax Proposed…”
– "Fat Threatens our Nation’s Future"
– (Saguy, 2008)
NEW SOURCES OF WEIGHT-WORRY:

• National “Size Prevention” campaigns
• “Let’s Move!” for the purpose of “obesity prevention”
• BMI Report Cards and “Fat letters”
• “Biggest Loser” competitions spawned by a reality show that exploits weight stigma to make money.
The INCREASING SIZE of WEIGHT BIAS & STIGMA

Discrimination based on weight bias has increased 66% in the past decade. (Puhl 2009)

- Weight bias is more pervasive and intense than racism, sexism, and other forms of bias. (Brochu, 2011)

- Children as young as three years describe overweight children as “mean,” “stupid,” “lazy,” and “ugly.” (Cramer, 1998)

- Obese children are 1.6 times as likely to be bullied as children who are not overweight. (Lemeng, 2010)
Fat is the new ugly on the playground

- By Katia Hetter, Special to CNN, Fri March 16, 2012

Kathy Kater, LICSW:
www.BodyImageHealth.org
“Actually I felt pretty good about my body until 6th grade. But then everyone else hated theirs, so I thought I should too.”

(24 year old female with BU)
Weight Trumps Body Dissatisfaction,

BUT....

Is a standardized, weight-focused approach to health effective???
Body Dissatisfaction (BD) is Inversely Related to Healthy Behaviors and Stable Weights

- “BD does not serve as a motivator for engaging in health enhancing behaviors, but rather it predicts the use of behaviors that lead to poor and disordered eating, diminished health, and weight gain (not loss).” (Neumark-Sztainer, et al, 2006)

- BD is associated with binge eating and other eating disordered behaviors, lower levels of physical activity and weight gain over time. (van den Berg, et al, 2007)
Is Weight Stigma an Effective Motivator for Health Enhancing Choices?

Many argue weight stigma and shame are necessary (based on the belief that weight is under personal control).

“People who are overweight or obese need to put some uncomfortable questions to themselves...(such as) Fair or not, do you know that many people look down upon those who are overweight or obese, ...and make fun of them?”

... If you don’t do something about yourself, that’s what you are in for.”

(2013 Daniel Callahan, President Emeritus of the Hastings Center, a non-partisan research institute dedicated to bioethics and public interest)

Kathy Kater, LICSW:
www.BodyImageHealth.org
Internalized Weight Stigma (IWS) is Inversely Related to Healthy Behaviors and Stable Weight

More frequent exposure to messages reinforcing weight bias was related to greater IWS. 78% of participants coped with IWS by eating more low-nutrient food. Physicians and family members were the most frequent sources of weight bias reported. (Puhl, 2010)

CONCLUSION:

*Body dissatisfaction and weight stigma are not effective motivators for health enhancing behaviors.*

“Studies increasingly show that youth routinely cope with feeling bad about their weight by trying to lose weight in harmful ways (fasting, diet pills, vomiting, and chronic dieting) leading to binge eating and avoidance of physical activity - all unhealthy behaviors that can actually impede weight loss and reinforce weight gain.”

*(Philadelphia Media Network, Sept 25, 2012, regarding the call from Yale’s Rudd Center for Food Policy and Obesity for weight-stigma reduction programs in schools)*
The need for a NEW question:

Conventional question: How to prevent and fatness or reduce childhood obesity?

The REAL question: Regardless of size and shape, what should be taught to children and adults about how to CARE for their bodies?

Wise words: “You cannot solve problems with the same thinking that created them”

(Einstein)
A New Approach

- Promoting health instead of size
- Teaching kids to ♥CARE♥ instead of COMPARE.

“Unlike self esteem, which asks if you’re good enough, self-compassion asks what’s good for you... Valuing ourselves in a deep way makes us want to make choices that lead to well-being in the long term.” (Kristen Neff, 2011)
### A New Model for Healthy Body Image, Eating, Fitness and Weight


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<td>Well Fed, Fit People With Healthy Diverse Weights</td>
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<td>Balance attention to many aspects of identity. Looks are only one part.</td>
<td>Emphasize the real choices available to positively influence health.</td>
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<td>Develop media literacy. Learn to think critically about messages that negatively influence body image and encourage weight bias.</td>
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<td>Support others in resisting unhealthy norms about body image, weight, dieting, low nutrient food choices, excessive eating for entertainment, and sedentary entertainment.</td>
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The Body Image Building Blocks

(Each block represents a lesson in the Healthy Bodies; Teaching Kids What They Need to Know curriculum.)
A culture is formed by the stories its children are told.
The Model for Healthy Body Image, Eating, Fitness and Weight

- A response to 4 toxic myths that promote most body image, eating, fitness and weight concerns today
- Response is evidence based - Science exposes these myths for what they are
- Provides “antidotes” for toxic messages based on widely accepted health promotion principles.
- A universal health promotion model promoting health instead of size in children, and urging “what to do” instead of “what not to do.”
- Provides the basis for the Healthy Bodies; Teaching Kids What They Need to Know curriculum.
OBJECTIFICATION –
- The prescribed standard for appearance or BMI is valued over substance. "How I look" or "what I weigh" is more important than "who I am." Having the "right size" is essential.

Kathy Kater, LICSW:
www.BodyImageHealth.org
A Universal Model for Promoting Health at Every Size (HAES) in Adults and Children: Kathy Kater, LICSW; kathykater@isd.net
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2) Teach media literacy and critical thinking about messages promoting the objectification of bodies and urging comparisons to external standards.

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Toxic Myths are Primary Contributors to Body Image, Eating, Fitness, and Weight Concerns

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A Universal Model for Promoting Health at Every Size (HAES) in Adults and Children: Kathy Kater, LICSW; kathykater@isd.net

Staffers wear dressy looks from Nordstrom. Amy Smith, left, is wearing a BP top, $26, and skirt, $32, with The Sak woven backpack, $59, and Sesto Meucci "Pjaka" sandals, $79.95; Fareeda Philip is in a Nora Noh silk blouse, $78; Maxxu print pant, $62; headband, $13; choker necklace, $40; 9GtCo. Pin Up mule, $39.95, and Kate has an L.U. skirt, $38, and jacket, $38, B.F. floral top, $25, and Moda Spans patent sandals and Esprit handbag, $28.
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The Role of Genetics

• “Studies suggest that the genetic contribution to BMI may be about 70%. ...studies yield remarkably consistent results.”

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• Only 43% of females have the inherited predisposition to maintain thinness. (Suisman, et al, 2012)

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“The commonly held belief that obese individuals can ameliorate their condition by simply deciding to eat less and exercise more is at odds with compelling scientific evidence indicating that the propensity to obesity is, to a significant extent, genetically determined.”

(Friedman, J.M., 2004)
What can you tell by looking at a fat child (or adult)?

www.danceswithfat.org
Myth: *Fat is bad/wrong. Anyone can be slim if they work at it.*

**Antidotes - basic human biology:**

Teach children and adults to:

1. **Respect the facts of genetic diversity and the complex contributors to size and shape.** Bodies are born to be different: shorter to taller and thinner to fatter.

2. **Understand the normal changes in body fat composition that occur during developmental stages (puberty, menopause, etc.)**

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A review of over 40 studies shows that 95% of weight lost through dieting is regained: **Nearly 2/3 of dieters regain more weight than they lose.**

(Mann, Traci, et al, 2007)

“Adolescents using dieting behaviors at time 1 increased their BMI significantly more than adolescents not using any weight control behaviors and were at approximately 3 times greater risk for being overweight at Time 2. “

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BMI Report Cards and (Diet) Outcomes

• “Parents who were told their children were somewhat or very overweight were more likely to encourage or support them in dieting for weight loss.” (Neumark-Sztainer, et al, 2008)
Lose weight the smart way
FIRST IMPRESSIONS MEAN EVERYTHING...

Lose weight & keep it off... for life*
WEIGHT LOSS MAGIC!
30 POUNDS IN 30 DAYS

Dissolve Fat Now
THE ULTIMATE JUMP-START DIET
Controlling your child's weight.
Lose As Much As 50% Of All Excess Fat In Just 2 Weeks!
LIKE YOU DIETED AND WENT TO HEAVEN.

Learn How to Manage Your Weight
Our Revolutionary "Herbal Bullet" Burns Ugly Fat & Flushes It Out Of Your Body!

Gained Weight This Winter?
Diet Tricks That Work Fast
Melts Down Fat Like Hot Water Melts Down Ice!

Outsmart Your Fat Cells & Ways to Lose Weight After 35

Why Weight?
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- “Weight loss is recommended for persons with a BMI (in the overweight or obese range.... The centerpiece of dietary therapy for weight loss...is an LCD (800 – 1500 kcal/day).

- “Evidence suggests that over 80% of persons who lose weight with an LCD will gradually regain it.”
Results from

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Dieters lose weight in the short run.  
But what comes after the after?
Expected and Predictable Results of Dieting:

1. A dieter is almost constantly thinking about **FOOD**.
2. When dieting it is hard to **CONCENTRATE** or think about anything else.
3. There is a powerful **CRAVING** for food, especially fast energy foods like sweets and high fat foods.
4. Not satisfying hunger is **UNCOMFORTABLE**. It is not surprising when dieters have **LITTLE** patience and feel **CRABBY**.
5. A **HUGE** hunger is felt when a dieter stops dieting. This makes a dieter feel they cannot get enough food. It is normal to rapidly eat a **LARGE** amount of food when going off a diet; far **MORE** than a normal amount. Dieters may not know they are full until they are **STUFFED**.
6. The longer and more a dieter diets the **MORE** overeating occurs after the diet. **One of the most common causes of overeating is DIETING**.
7. After losing weight on a diet most people **REGAIN** the weight, plus added pounds.
8. The more people diet the harder it is for them to tell when they are full and when they are still **HUNGRY**. They may always **FEEL** hungry, even when they are not. If they stop dieting long enough they **MAY** get back their normal hunger sensor.
Myth: *Dieting is an effective weight loss strategy*

Antidote:

- Teach children and adults the long term, reliable, expected, and predictable outcomes of externally prescribed, restrictive eating for weight loss. Dieting is not an effective weight loss strategy. You will lose weight in the short run, but in the long run you are likely to gain back more than you lost, plus run the risk of developing a disordered relationship with food.
Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“Why should I eat healthy if it doesn’t make me thin?” (14 year old girl)

Kathy Kater, LICSW:
www.BodyImageHealth.org
Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“I exercised 5 times a week for 3 months and didn’t lose any weight. ‘What’s the point?’” (27 y.o. self-diagnosed compulsive eater and “couch potato”)
Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“I eat junk food all the time and never exercise. What difference does it make? I’m not fat.” (15 year old boy)
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DISCOUNTING THE VALUE OF HEALTH:
• Eat, drink & be merry…. Healthy habits for health’s sake are too much work!

Denial of the effects of prescribed hunger regulation:
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Kathy Kater, LICSW:
www.BodyImageHealth.org
Myth: *Eat, drink & be merry; healthy habits for health’s sake are too much work*

Antidote:

Care instead of compare. Value health, happiness and well-being over size

Kathy Kater, LICSW:  
www.BodyImageHealth.org
**Myth:** *Eat, drink & be merry...*

**Antidote:** Care instead of Compare: Health vs size

Teach children and adults to:

1. **Eat well:** Stay connected and listen to their body’s hunger and need for wholesome foods. Respond with mindful, caring choices. Enjoy entertainment foods in ways that do not interfere with nutritional needs.

2. **Be embodied:** Stay connected and listen their body’s need for movement. Actively respond by spending enough time each day in enjoyable activities that keep their bodies strong and fit.

3. **Accept the size and shape that results from good self-care.** Avoid comparisons to external standards.

4. **Chose role models that make them feel good about who they are.**

Kathy Kater, LICSW:
www.BodyImageHealth.org
What if the swan had stayed with the ducks?

What standards will you compare yourself against?

Do these standards help or hinder you in feeling good about who you are?
Do they increase or decrease your desire to care for and take care of yourself?

Kathy Kater, LICSW:
www.BodyImageHealth.org
“...the recommended approach is a universal model for health promotion that emphasizes acceptance of diverse sizes and shapes, positive body image, and focuses on health-enhancing behaviors rather than weight.”

(Neumark-Sztainer, 2009)
“The problem isn’t that we have bodies; the problem is that we’re not living in them. ...

When we are outside an object, hating it, pushing it away, wanting it to be different, we wish to annihilate it or to whip it with chains in order to mold it to our liking. If not this, then we detach from it, neglect it, tune it out, refuse to listen to its needs or respond to its cries as if it had nothing to do with us. How can either possibly help?

In contrast, when we connect with an object like our bodies, we inhabit it, we open to listening to it, wishing it goodness and learning from it about the care it needs.

Aversion or neglect never serve as the catalyst for positive change. For this we must have connection and love.”

Geneen Roth, Women, Food, and God
COMPETENCIES FOR HEALTH AS A VALUE VS. SIZE AS A GOAL

• Integrity is valued over appearance.
• Innate size diversity is accepted and affirmed.
• Internal hunger and weight regulation is trusted. Dieting is strictly avoided.
• Hunger is consistently and reliably satisfied with food that balances wholesome nutrition, energy, enjoyment and good taste.
• Physical activity is part of the ongoing routine, maintained throughout life for fitness, self confidence, and emotional well being.
• Role models reflect a realistic, standard based on deeper qualities, versus external appearance.
Research testing a “social consensus” approach to reduce weight bias and increase health behaviors:

1. When one person condemns or condones size stigma, others follow suit.
2. Learning about attitudes of size acceptance in others was effective in improving attitudes toward obese people.
3. Group norms for wholesome eating and fitness behaviors were effective in increasing healthy choices

Healthy Bodies: Teaching Kids What They Need to Know –
www.BodyImageHealth.org

Email kathykater@isd.net

- With questions
- For a copy of slides
- For references cited in this presentation
- A workshop in your school or community
# The Model for Healthy Body Images

Developed by Kathy J. Kater, LICSW

<table>
<thead>
<tr>
<th>Conceptual Building Blocks</th>
<th>Foundation</th>
<th>Derived Outcome</th>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>Developmental change is inevitable.</strong></td>
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<tr>
<td>Normal changes of puberty include weight gain and temporary out-of-proportion growth; <em>fat does not define &quot;overweight.&quot;</em></td>
<td></td>
<td>Acceptance of the innate body: &quot;This is the body I was born to have.&quot;</td>
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<tr>
<td>Genetics and other internal weight regulators determine the majority of influence on shape, weight &amp; Body Mass Index.</td>
<td>Understand what cannot be controlled</td>
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<tr>
<td>Restricted or restrained hunger results in predictable consequences that are counterproductive to weight loss and interfere with normal hunger regulation.</td>
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<tr>
<td><strong>Balance attention to many aspects of identity.</strong> Looks are only one part.</td>
<td>Emphasize what can be influenced or chosen.</td>
<td>Eating well for satisfaction of hunger, nutrition and enjoyment (not to lose weight.) Limited eating purely for &quot;entertainment.&quot;</td>
<td>Healthy Body Image</td>
</tr>
<tr>
<td>Satisfy hunger with enough varied, wholesome food in a stable, consistent manner.</td>
<td></td>
<td>A physically active lifestyle for fitness, fun, relaxation and stress relief (not to lose weight.) Limited sedentary entertainment.</td>
<td></td>
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<tr>
<td>Limit sedentary choices to promote a physically active lifestyle.</td>
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<td></td>
<td>Prevention of Unhealthy and Disordered Eating</td>
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<tr>
<td>Choose role models that reflect a realistic standard.</td>
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</tr>
<tr>
<td><strong>Promote historical perspective on cultural attitudes related to body image.</strong></td>
<td>Develop social and cultural resiliency</td>
<td>Autonomy, self esteem, confidence, and the ability for critical thinking.</td>
<td></td>
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<tr>
<td>Teach and encourage critical thinking regarding media messages that influence body image.</td>
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<tr>
<td>Support others in resisting unhealthy social norms about weight, dieting, low nutrient food choices and sedentary entertainment.</td>
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**Body Image Building Blocks**

- **People become unhappy trying to control something that is not in their power to control. As for looks, it’s best to make the most of who we were born to be.**

- **Hardly anyone looks as perfect as the models in advertisements. I will be careful not to compare myself or others to them.**

- **It helps to support each other in having a healthy body image, in eating well, and in being active.**

- **This advice is wise to follow.**

- **The way we look is only one part of us. We need to pay attention to all of who we are.**

- **Satisfy hunger completely with enough wholesome food at regular meals and snacks.**

- **It’s important not to sit too much in our free time. Being active is one of the best things we can do for our health and self-confidence.**

- **Choose role models you admire for things deep inside and who make you feel good about who you are.**

- **These behaviors keep us strong.**

- **The way we look will change as we grow up.**

- **There are many different normal ways for looks to change in puberty. Sooner or later most girls and boys will gain weight and fill out.**

- **Most of the way we look is determined before we are even born—taller, shorter, fatter, thinner—all are normal, all built in.**

- **Each person’s body works to grow and maintain a weight that is natural for him or her.**

- **Weight-loss diets are not a good idea. We can hold back hunger for a while but will eat more to make up for it later.**

- **These are facts we must accept.**
Promoting *HEALTH* Instead of *SIZE* in Children

A New, Evidence Based Approach to Weight and Wellness

Teaching Kids to ❤️ **CARE** ❤️ Instead of COMPARE

Kathy Kater, LICSW

[kathykater@isd.net](mailto:kathykater@isd.net)  [www.BodyImageHealth.org](http://www.BodyImageHealth.org)
A Universal Model for Promoting Health at Every Size (HAES) in Adults and Children: Kathy Kater, LICSW; kathykater@isd.net
Changes in the number of teens and adults who endorsed the “thin ideal,” “feeling fat,” and “dieting” for weight loss or control

<table>
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<th>1960’s</th>
<th>2008</th>
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<tbody>
<tr>
<td>Females:</td>
<td>30%</td>
<td>65 – 83%</td>
</tr>
<tr>
<td>Males:</td>
<td>N/A</td>
<td>38 – 55%</td>
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</table>

“93% of college women engage in ‘fat talk.’” (Salk, 2013)

The prevalence of body dissatisfaction and unhealthy weight practices remains fairly constant from adolescence through young adulthood. (Neumark Sztainer, 2011)
NEW SOURCE OF MESSAGES PROMOTING FEAR OF FAT:
1000% increase in fear-based headlines 1998 - 2002
– “Obesity: The Terror Within.”
– “Bigger Waistlines, Shorter Lives”
– “Obesity Threat Dwarfs Any Terrorist Attempt.”
– “Fat Children Have Twice the Risk of Death…”
– “Fat Tax Proposed…”
– "Fat Threatens our Nation’s Future"

NEW SOURCES OF WEIGHT-WORRY:
• National “Size Prevention” campaigns
• “Let’s Move!” for the purpose of “obesity prevention”
• BMI Report Cards and “Fat letters”
• “Biggest Loser” competitions spawned by a reality show that exploits weight stigma to make money.
The INCREASING SIZE of WEIGHT BIAS & STIGMA

Discrimination based on weight bias has increased 66% in the past decade. (Puhl 2009)

- Weight bias is more pervasive and intense than racism, sexism, and other forms of bias. (Brochu, 2011)

- Children as young as three years describe overweight children as “mean,” “stupid,” “lazy,” and “ugly.” (Cramer, 1998)

- Obese children are 1.6 times as likely to be bullied as children who are not overweight. (Lemeng, 2010)

Fat is the new ugly on the playground

- By Katia Hetter, Special to CNN, Fri March 16, 2012
“Actually I felt pretty good about my body until 6th grade. But then everyone else hated theirs, so I thought I should too.”

(24 year old female with BU)

Weight Trumps Body Dissatisfaction, BUT....

Is a standardized, weight-focused approach to health effective???
Body Dissatisfaction (BD) is Inversely Related to Healthy Behaviors and Stable Weights

- "BD does not serve as a motivator for engaging in health enhancing behaviors, but rather it predicts the use of behaviors that lead to poor and disordered eating, diminished health, and weight gain (not loss)." (Neumark-Sztainer, et al, 2006)

- BD is associated with binge eating and other eating disordered behaviors, lower levels of physical activity and weight gain over time. (van den Berg, et al, 2007)

Is Weight Stigma an Effective Motivator for Health Enhancing Choices?

Many argue weight stigma and shame are necessary (based on the belief that weight is under personal control).

"People who are overweight or obese need to put some uncomfortable questions to themselves... (such as) Fair or not, do you know that many people look down upon those who are overweight or obese, ... and make fun of them?”

... If you don’t do something about yourself, that’s what you are in for.”

(2013 Daniel Callahan, President Emeritus of the Hastings Center, a non-partisan research institute dedicated to bioethics and public interest)
Internalized Weight Stigma (IWS) is Inversely Related to Healthy Behaviors and Stable Weight

More frequent exposure to messages reinforcing weight bias was related to greater IWS. 78% of participants coped with IWS by eating more low-nutrient food. Physicians and family members were the most frequent sources of weight bias reported.

(Puhl, 2010)

CONCLUSION:

Body dissatisfaction and weight stigma are not effective motivators for health enhancing behaviors.

“Studies increasingly show that youth routinely cope with feeling bad about their weight by trying to lose weight in harmful ways (fasting, diet pills, vomiting, and chronic dieting) leading to binge eating and avoidance of physical activity - all unhealthy behaviors that can actually impede weight loss and reinforce weight gain.”

(Philadelphia Media Network, Sept 25, 2012, regarding the call from Yale's Rudd Center for Food Policy and Obesity for weight-stigma reduction programs in schools)
## The need for a NEW question:

**Conventional question:** How to prevent and fatness or reduce childhood obesity?

**The REAL question:** Regardless of size and shape, what should be taught to children and adults about how to CARE for their bodies?

**Wise words:** “You cannot solve problems with the same thinking that created them”  
(Einstein)

## A New Approach

- Promoting health instead of size
- Teaching kids to **CARE** instead of **COMPARE**.

“Unlike self esteem, which asks if you’re good enough, self-compassion asks what’s good for you... Valuing ourselves in a deep way makes us want to make choices that lead to well-being in the long term.”  
(Kristen Neff, 2011)
A New Model for Healthy Body Image, Eating, Fitness and Weight


The Body Image Building Blocks

(Each block represents a lesson in the Healthy Bodies; Teaching Kids What They Need to Know curriculum.)
A culture is formed by the stories its children are told.

The Model for Healthy Body Image, Eating, Fitness and Weight

• A response to 4 toxic myths that promote most body image, eating, fitness and weight concerns today
• Response is evidence based - Science exposes these myths for what they are
• Provides “antidotes” for toxic messages based on widely accepted health promotion principles.
• A universal health promotion model promoting health instead of size in children, and urging “what to do” instead of “what not to do.”
• Provides the basis for the Healthy Bodies; Teaching Kids What They Need to Know curriculum.
4 Toxic Myths are the Primary Contributors to Body Image, Eating, Fitness, and Weight Concerns

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Results from *The Biggest Loser*
Dieters lose weight in the short run. **But what comes after the after?**

(From Keys, A., et al 1950)

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<td>1. A dieter is almost constantly thinking about FOOD.</td>
</tr>
<tr>
<td>2. When dieting it is hard to CONCENTRATE or think about anything else.</td>
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<td>3. There is a powerful CRAVING for food, especially fast energy foods like sweets and high fat foods.</td>
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<td>4. Not satisfying hunger is UNCOMFORTABLE. It is not surprising when dieters have LITTLE patience and feel CRABBY.</td>
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<tr>
<td>5. A HUGE hunger is felt when a dieter stops dieting. This makes a dieter feel they cannot get enough food. It is normal to rapidly eat a LARGE amount of food when going off a diet; far MORE than a normal amount. Dieters may not know they are full until they are STUFFED.</td>
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<tr>
<td>6. The longer and more a dieter diets the MORE overeating occurs after the diet. One of the most common causes of overeating is DIETING.</td>
</tr>
<tr>
<td>7. After losing weight on a diet most people REGAIN the weight, plus added pounds.</td>
</tr>
<tr>
<td>8. The more people diet the harder it is for them to tell when they are full and when they are still HUNGRY. They may always FEEL hungry, even when they are not. If they stop dieting long enough they MAY get back their normal hunger sensor.</td>
</tr>
</tbody>
</table>
Myth: *Dieting is an effective weight loss strategy*

Antidote:

• Teach children and adults the long term, reliable, expected, and predictable outcomes of externally prescribed, restrictive eating for weight loss. Dieting is not an effective weight loss strategy. You will lose weight in the short run, but in the long run you are likely to gain back more than you lost, plus run the risk of developing a disordered relationship with food.

Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“Why should I eat healthy if it doesn’t make me thin?” (14 year old girl)
Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“I exercised 5 times a week for 3 months and didn’t lose any weight. ‘What’s the point?’” (27 y.o. self-diagnosed compulsive eater and “couch potato”)

Promising weight loss or a desired size as the reward for healthy choices is a recipe for complacency:

“I eat junk food all the time and never exercise. What difference does it make? I’m not fat.” (15 year old boy)
Toxic Myths are Primary Contributors to Body Image, Eating, Fitness, and Weight Concerns

**Objectification:**
The prescribed standard for appearance or BMI is valued over substance. “How I look” or “what I weight” is more important than “who I am.” Having the “right size” is essential.

**Denial of biological diversity:**
Anyone can be slim if he or she works at it. Fatter people eat too much or are inactive. Fat is bad/wrong.

**Discounting the value of health:**
- *Myth: Eat, drink & be merry; healthy habits for health’s sake are too much work*
- *Antidote: Care instead of compare. Value health, happiness and well-being over size*

Kathy Kater, LICSW:
www.BodyImageHealth.org

Kathy Kater, LICSW:
www.BodyImageHealth.org
Myth: *Eat, drink & be merry…*

**Antidote: Care instead of Compare: Health vs size**

Teach children and adults to:

1. **Eat well:** Stay connected and listen to their body's hunger and need for wholesome foods. Respond with mindful, caring choices. Enjoy entertainment foods in ways that do not interfere with nutritional needs.

2. **Be embodied:** Stay connected and listen their body’s need for movement. Actively respond by spending enough time each day in enjoyable activities that keep their bodies strong and fit.

3. **Accept the size and shape** that results from good self-care. Avoid comparisons to external standards.

4. **Chose role models that make them feel good** about who they are.

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What if the swan had stayed with the ducks?

**What standards will you compare yourself against?**

Do these standards help or hinder you in feeling good about who you are? Do they increase or decrease your desire to care for and take care of yourself?

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Kathy Kater, LICSW:
www.BodyImageHealth.org
“...the recommended approach is a universal model for health promotion that emphasizes acceptance of diverse sizes and shapes, positive body image, and focuses on health-enhancing behaviors rather than weight.”

(Neumark-Sztainer, 2009)

“The problem isn't that we have bodies; the problem is that we're not living in them. ...

When we are outside an object, hating it, pushing it away, wanting it to be different, we wish to annihilate it or to whip it with chains in order to mold it to our liking. If not this, then we detach from it, neglect it, tune it out, refuse to listen to its needs or respond to its cries as if it had nothing to do with us. How can either possibly help?

In contrast, when we connect with an object like our bodies, we inhabit it, we open to listening to it, wishing it goodness and learning from it about the care it needs.

Aversion or neglect never serve as the catalyst for positive change. For this we must have connection and love.”

Geneen Roth, Women, Food, and God
COMPETENCIES FOR HEALTH AS A VALUE VS. SIZE AS A GOAL

• Integrity is valued over appearance.
• Innate size diversity is accepted and affirmed.
• Internal hunger and weight regulation is trusted. Dieting is strictly avoided.
• Hunger is consistently and reliably satisfied with food that balances wholesome nutrition, energy, enjoyment and good taste.
• Physical activity is part of the ongoing routine, maintained throughout life for fitness, self confidence, and emotional well being.
• Role models reflect a realistic, standard based on deeper qualities, versus external appearance.

Research testing a “social consensus” approach to reduce weight bias and increase health behaviors:

1. When one person condemns or condones size stigma, others follow suit.
2. Learning about attitudes of size acceptance in others was effective in improving attitudes toward obese people.
3. Group norms for wholesome eating and fitness behaviors were effective in increasing healthy choices


Email kathykater@isd.net

- With questions
- For a copy of slides
- For references cited in this presentation
- A workshop in your school or community