

**A Comprehensive Curriculum for Addressing  
Body Image, Eating, Fitness, and Weight Concerns  
in Today's Challenging Environment**

# **HEALTHY BODIES**

**Teaching Kids What They Need to Know**

Third edition of the former *Healthy Body Image* curriculum

**Kathy Kater, LICSW**



**An evidence-based resource manual  
with scripted lessons and activities for  
grades four, five, or six.**

***Adaptable for any age***

**Aligned with National Health Education Standards**

**Evidence-based documentation by Christina Spinetta, Ph.D (ABD)**

# Healthy Bodies

Third Edition of the Healthy Body Image curriculum

©2012 by Kathy Kater

All rights reserved. Except for perforated handouts in the Appendix, no part of this book may be reprinted or reproduced in any manner without written permission of the publisher.

Published in the United States by

Body Image Health

2497 7<sup>th</sup> Avenue East, Suite 109

North St. Paul, MN, 55109

[www.bodyimagehealth.org](http://www.bodyimagehealth.org)

651 770 2693

Published in association with the National Eating Disorder Association

165 West 46th Street, Suite 402, New York, NY 10036

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

212-575-6200

Cover photo by Lincoln Fetcher

Cover design by Jennie Engelhardt

This is a trade paperback, third edition of a three-ring-binder curriculum guide first published by the National Eating Disorders Association in 1998, with a Second Edition in 2005. In this 2012 edition, the lesson objectives remain unchanged, while the entire text and references have been fully updated to reflect the current cultural context and new empirical support for the model.

ISBN 978-0-615-70688-7

## **Disclaimer**

The information contained in this book is not intended as a substitute for medical or mental health treatment. Information is offered to inform education related to health, eating, physical activity, and weight. Readers and students of this guide are advised to seek care from an appropriately trained health professional for concerns related to a medical condition.

## **Authoritative support for *Healthy Bodies; Teaching Kids What They Need to Know***

“Kathy Kater's *Healthy Bodies* curriculum is incredible. . . I have found great benefit using the lesson concepts for both children and adults. 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, LD/N, Nutrition Therapist, Author, Speaker; Nutrition Consultant, 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 California, Berkeley

“As a therapist treating eating and body image problems I have spent over 50 thousand hours working to correct the mindset and problems that ensue when what you weigh becomes more important than your health or who you are. On a daily basis I am on the quest for material that will help young people avoid the problems I treat in the first place. I hit the jackpot with Kathy Kater's *Healthy Bodies* curriculum. This lesson plan is so comprehensive, so important, informative and easy to adapt, it can be used for all ages and all settings. Ms Kater's book will assist anyone wishing to help young and old live a balanced, healthy lifestyle. It should be required reading in every school and is a must for anyone in the field of disordered eating, weight control and body image.”

—**Carolyn Costin**, MA, LMFT, Executive Director, Monte Nido Treatment Center, Author: *Your Dieting Daughter*

“The *Healthy Bodies* 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. Incorporating the most recent research, the *Healthy Bodies* user-friendly lessons may be adopted for use beyond grades 4-6 and across the curriculum. Kater proposes and illustrates a clear model for the creation of a healthy body image and includes hand-outs, overheads, and lesson scripts, as well as sufficient background information to prepare teachers to address this timely and sensitive issue. *Healthy Bodies* teaches lessons will result in fewer children needing referrals to people like me. Thanks to Kathy Kater for creating and revising such a useful resource.”

—**Margo Maine**, Ph.D., 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*

"Kathy Kater has for years been deeply and extensively engaged in developing knowledge, attitudes, and behaviors that contribute to the prevention of negative body image and to the promotion of health. This new edition of *Healthy Bodies* encourages and enables teachers, school staff, older children, and young adolescents to follow and expand the model she has established as a person, a professional, and an activist. This book is much more than a "curriculum guide." It is an inspiring integration of theory, curricular formats, practical suggestions, and creativity, all tailored to the developmental needs and interests of children ages 8 through 12. This manual radiates a spirit of simple and clear-sighted mindfulness, even as it fearlessly and humanely confronts a host of complex topics that are so important for prevention and health promotion, such as the health and vitality, true control and flexibility, the impact of powerful but conflicting cultural messages, stress and coping, prejudice, and self-respect. I will recommend *Healthy Bodies* not only to elementary school and middle school teachers, but also to parents, coaches, dietitians in training, and any others who are ready to advocate for healthier youth."

—**Michael P. Levine**, Ph.D., FAED, Emeritus Professor of Psychology, Kenyon College, and former President of the National Eating Disorders Association

“Kathy Kater’s *Healthy Bodies* curriculum is a marvelous breath of fresh air in a sea of misinformation and confusion. This latest edition of her book is the most comprehensive, compassionate, and practical science-based approach for helping children (and their teachers and parents) to navigate the tricky road towards positive body-

esteem and well-being. The focus is on helping kids to distinguish between the realities of physical maturation and the rhetoric of cultural portrayals of “ideal” bodies, make physical activity fun and accessible, and learn to eat according to innate, internal hunger and appetite signals. Incorporating the lessons contained in this book into the school curriculum will go a long way towards helping our kids to grow up feeling good about themselves by taking the best possible care of the wonderful and diverse bodies they have been given.”

—**Jon Robison**, PhD MS, Department of Physiology, Michigan State University

“With our current rule-based and weight-focused approach to eating and physical activity, adults and children alike are confused and conflicted about how to support their own health. There is an incredible need for positive, rationale messages reinforcing the need to listen to and care for our bodies from the inside out. The lessons in *Healthy Bodies* serve this purpose, and provide a powerful foundation for health and wellness for today’s young students.”

—**Michelle May MD**, founder of [www.AmIHungry.com](http://www.AmIHungry.com); author of *Eat What You Love, Love What You Eat*.

“This updated edition of the most widely-used curriculum for preventing disordered eating and body image issues is even better than the original. Kater’s orientation is rooted in the most successful prevention programs and research. She presents a resource that should be incorporated into every fourth, fifth, and sixth grade classroom.”

—**Leigh Cohn**, Editor-in-Chief, *Eating Disorders: The Journal of Treatment and Prevention*

“Kater’s *Healthy Bodies* curriculum continues to be perhaps the premier prevention program for elementary school children. Kater focuses on the crucial issue of building positive body image, rather than simply preventing negative body image. By encouraging children to respect and appreciate their bodies, Kater’s program facilitates the development of self-esteem, positive affect, assertiveness, and, importantly, the motivation for girls to focus on something other than body shape! Firmly rooted in empirical work, this program is accessible and flexible enough to be used in a variety of settings with different age groups. Teachers will find the increased emphasis on mindful eating interesting and perhaps even helpful with their own eating. I wish all children, adolescents, and adults could have the advantage of participating in this program.”

—**Linda Smolak**, PhD Emeritus, Professor of Psychology, Kenyon College, Gambier, Ohio, USA

“*Healthy Bodies* teaches exactly what every child *and* adult needs today: the facts about body size diversity, the wrongness, destructiveness, and proven ineffectiveness of weight stigma, why “weight control” is a flawed approach to a healthy weight and contributes to weight gain, the importance of connecting to who we are from the inside out, trust in listening to our bodies, encouragement to value and pursue vitality and happiness (instead of size) as a goal, and how to care for our bodies through mindful eating, and enjoyable movement. These smart, evidence-based, compassionate, engaging lessons teach both educators and kids the essence of self-care. Fully aligned with the *Health at Every Size* principles described in my book of that title, this curriculum should be taught to every child, everywhere!”

— **Linda Bacon**, PhD, author of *Health at Every Size*

“*Healthy Bodies* is an invaluable resource for any school interested in helping students navigate the topic of weight and well-being. Filled with positive and easy-to-understand lessons, teachers, children and parents will welcome this evidence-based approach that fosters lifelong healthy behaviors and attitudes. As a therapist who deals with the casualties of eating and weight problems, which often start in childhood, I highly recommend Ms. Kater’s curriculum as a means to promote self-esteem and body esteem for our nation’s children.”

—**Judith Matz**, LCSW – Director of The Chicago Center for Overcoming Overeating, Inc. and co-author *The Diet Survivor’s Handbook* and *Beyond a Shadow of a Diet*.

“Simply put, the *Healthy Bodies* curriculum contains the best tools available for effectively teaching the concepts that children-and adults, for that matter-need in order to encourage healthy, realistic body images. Its elements are a breeze to integrate into almost every learning environment and subject area. In today’s appearance-obsessed culture, it is essential for adults who work with children to have *Healthy Bodies* in their toolkit.”

—**Joe Kelly**, President, Dads & Daughters

“As an educator who has taught thousands of university undergraduate students the basics of personal health, fitness, and nutrition, I find the *Healthy Bodies* curriculum to be comprehensive and compelling. The perspectives and information provided offer a holistic, person-centered approach to helping young people understand the complexities that characterize body size, shape, and image. Moreover, the lessons for the students themselves are

practical, enjoyable and effective. Professionally, I would recommend this text to anybody who faces the challenge of how to appropriately develop positive body understanding and acceptance for people in any age range. Future generations will be better prepared to face a looksist and ableist society with these lessons.”

—**Tucker Readdy**, Ph.D Assistant Professor, Exercise & Sport Psychology, University of Wyoming

“Kathy Kater brings her expertise, compassion and experience as a psychotherapist concerned about the pressures facing young people. She transfers this knowledge to the classroom in this important program for promoting a positive body image and preventing weight-related problems in youth. Programs such as this need to be implemented in schools!”

—**Dianne Neumark-Sztainer** PhD, MPH, RD, Division of Epidemiology and Community Health, University of Minnesota

### **Praise from teachers who have used *Healthy Bodies***

“One of the things I really appreciate about this curriculum is that any teacher, whether they have experience teaching Health or not, can pick it up and follow it very easily. I'm also very impressed with the way it reaches the boys in my classes. When they take the packet home to go over with their parents, it truly does help alleviate some of their tension. The air diet is such a clever way to introduce the dangers of dieting, and my students referred back to it often throughout the year as a reason to make sure they're getting enough of the healthy foods they need. Most of all, I've enjoyed how much the book makes the students realize that they're “all in this together” when it comes to puberty. I feel that if more schools introduced these lessons 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 I believe it would be an excellent starting point for any upper elementary or middle school health program. We began by piloting the curriculum in its entirety with our 6<sup>th</sup> grade. After noticing a genuine sense of relief among the kids as we read Terry the Tadpole, we decided to try to include lessons in our elementary school. Again, thank you for such great resources.”

—**Amy Smith**, Shanghai American School , Middle School Health Teacher/ Department Head

"I have taught 4th grade for 30 years and am so pleased to have a curriculum that addresses student's concerns over why everyone looks so different. *Healthy Bodies* is perfect for this age. Students are not yet as worried what their peers will think, and they are still curious about how their bodies will change. Lessons provoke wonderful, engaging discussions that the children love. This is a fantastic curriculum, and I'm grateful to have it."

—**Mary Beggin**, teacher of the *Healthy Bodies* curriculum for 6 years

“I have taught the *Healthy Body Image* curriculum multiple times to 3rd-6th graders in a public school setting and also used many parts of it for a mother daughter 9 week group focusing on Body Image. The kids (and adults) in both settings fully related to the material and loved the curriculum. There was much enthusiastic discussion and everyone especially enjoyed and learned from the experiential exercises. I recommend this curriculum to anyone working with kids and wanting to make a positive impact on body image. The curriculum is so well written that even someone without a great deal of experience in nutrition and body image could teach it. I give this curriculum my highest recommendation.”

—**Julie Hayes-Nadler**, RD, eating disorder specialist in private practice, Santa Barbara, CA

“The *Healthy Bodies* curriculum meets a critical need today. It addresses vital, age appropriate developmental needs and is truly one of the most exciting new programs that have come along in my 26 years of teaching.”

—**Helen Nelson**, Dept. of Epidemiology, University of MN, Health Educator

“Kathy Kater's *Healthy Bodies* (HBI) curriculum is a wonderful program, and the Board of Jewish Education of Greater New York has urged its use elementary schools. For many students, these are their 'favorite classes' and parents are heartened that their children are learning these important lessons so enthusiastically.”

—**Shayna Oppen**, CSW, Director, Dept. of Student Health Services, Board of Jewish Education of Greater NY



*The doctor of the future  
will give no medication,  
but will interest his patients  
in the care of the human body.*

**Thomas A Edison**

# **HEALTHY BODIES**

## **Mission Statement**

*To empower boys and girls  
to maintain positive body esteem  
based on recognition and acceptance of what they  
can and cannot control in regard to size and shape.*

*To empower boys and girls  
to resist unrealistic and unhealthy  
cultural pressures regarding body image,  
eating, fitness, and weight.*

*To inspire boys and girls to develop a stake in caring for their bodies;  
in eating well, enjoying physical movement and fitness,  
and in appreciation of the healthy, diverse bodies that result .*

## TABLE OF CONTENTS

*Healthy Bodies* is aligned with the National Health Education Standards. Analysis of this alignment is included in the Appendix.

**PREFACE** Page xv

**ESSENTIAL BACKGROUND FOR EDUCATORS** Page xxii

**UNIT INTRODUCTION: Growth and Change in Appearance** (Health) Page 1

*Building Block: The way we look will change as we grow up.*

Students will recognize that change is a natural part of life, understand that developmental change is expected for preteens and teens, and learn there are tools to help manage changes smoothly. They will recognize the importance of this unit, and will be reassured that discussions will be safe, respectful, and occasionally gender-specific. They will learn that differences in appearance are highly individual and should never be judged as good or bad.

**LESSON 1: Gaining Perspective: The Development of Unrealistic and Negative Body Images in Western Culture** (Literature, History) Page 16

*Building Block: 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.*

Students will develop historical and cultural perspective on today's prevalent body image, eating, nutrition, fitness, and weight norms. In this light, students will be motivated to develop critical thinking skills about current weight-related attitudes, eating for weight control, and the influence of mass media.

**LESSON 2: Identity and Competency: More Than the Way We Look** (Health, Art) Page 28

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

Students will consider many different aspects of their identities. They will learn that the whole is stronger than the sum of its parts. Attention to all of who they are makes them stronger than undue focus on any one aspect. A strong sense of self based on an appreciation of diverse attributes will empower students to resist objectification and comparisons to unrealistic, idealized images.

**LESSON 3: How Your Appearance Will Change in Puberty** (Science)

Page 39

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

While recognizing that looks are only one aspect of their identity, students will acknowledge that physical changes in puberty naturally draw attention to their bodies' appearance. Students will learn the normal outward changes to expect as they enter puberty, and that words describing body sizes are not judgments. They will learn that talking about these changes can be reassuring and supportive.

**LESSON 4: Genetics: How Body Size and Shape Are Determined** (Science)

Page 64

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

Students will recognize that genetics are the greatest determinant of body size and shape. This lesson provides a foundation for their own body images as they learn the biological limits to what they can and cannot expect to control about their outward appearance. Students will identify characteristics of their own personal genetic heritage.

**LESSON 5: Internal Weight Regulation: The Metabolism Factor** (Science)

Page 75

*Building Block: Each person's body works to grow and maintain a weight that is natural for him or her.*

Students will recognize that the body's internal weight regulatory system defends the body's natural weight. Metabolism provides an example. Through an experiential activity, they will learn that if everyone ate exactly the same food and was active in exactly the same way, people would still have diverse bodies, from fat to thin. Students will understand why it is not safe to make assumptions about how much a person eats or how active they are from appearance alone, and will learn that care must be taken with labels, such as "overweight" and "underweight."

**LESSON 6: "Sold" on Looks: The Influence of Mass Media** (Family Life & Consumer Science, Social Studies)

Page 89

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

Students will consider the role of looks. They will document the pervasiveness of media images in our culture and understand the potent role mass visual media has had in determining current cultural values about looks. They will recognize the ways in which unrealistic media images create misunderstanding and destructive expectations. They will learn to interpret media messages and reduce their vulnerability to being "sold" unhealthy messages.

**LESSON 7: Hunger and Eating: What Is and Is Not in Our Control?** (Science) Page 104

*Building Block: 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.*

Students will discover that predictable outcomes occur when basic needs are not fully met. Food fulfills a basic need, and if internal hunger cues are discounted, counterproductive results can be expected. Restrictive eating (dieting for weight loss) is not an effective strategy for long-term weight loss or control. Students will understand the importance of trusting hunger to regulate their eating.

**LESSON 8: How to Eat—Caring for our Bodies with Mindful Eating** (Health) Page 118

*Building Block: Satisfy hunger completely with enough wholesome food at regular meals and snacks.*

Students will learn that eating well is one of the most important things they can do to care for their bodies. This includes tuning in, listening, and responding to physical hunger, along with mindful awareness of other cues for eating. They will understand that foods are not good or bad, but have different qualities that serve different purposes. This eating wisdom will empower them to choose foods for the outcome they truly want in a given context.

**LESSON 9: How to Care for our Bodies with Movement** (Health) Page 149

*Building Block: 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.*

Students will learn that in addition to eating well, movement is one of the most important things they can do to care for their bodies. With new awareness of today's default sedentary lifestyles and its costs, students will see the value of tuning in to their body's need to move. They will be motivated to intentionally seek ways to be active that are enjoyable. They will also learn that, while aerobic activities produce benefits, "no pain, no gain" is a myth.

**LESSON 10: Compared to Whom? Selecting a Standard for Choosing Role Models** (Health) Page 169

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

Students will identify how fads and fashions may influence their choice of role models and will learn to select positive, realistic role models. They will consider "daring" to stay true to their authentic selves even in the face of peer and cultural pressures, and will reflect on their current and future role models.

**APPENDIX** Page 180

## Does *Healthy Bodies* teach a Health At Every Size® (HAES®) Approach?

—A note from the author

The model underlying this curriculum was developed in 1996. At that time, I had specialized for nearly two decades in treating adults battling eating disorders and women and men of higher weights who were demoralized by repeated weight loss failures. My clinical experience had taught me that in order to heal physically, emotionally and cognitively, these struggling patients—*all* of them—needed to learn the same underlying principles:

- 1) The limits to control over weight through healthy means
- 2) The biological facts regarding genetic diversity of size and shape
- 3) The counterproductive effects of dieting for weight loss
- 4) The need to resist unrealistic pressures in our cultural context affecting body image and attitudes about weight, eating and health.

In addition each patient had to relearn:

- 5) How to eat (as opposed to not eat); to listen to their hunger and honor it
- 6) To re-established a connection to their long banished bodies; to be embodied, to move and be physically active in ways that expressed their individuality and gave them vitality
- 7) To accept the diverse sizes and shapes that would result from positive eating and movement

Finally, it was clear that all of this would happen only if these individuals could learn to:

- 8) Accept and care for themselves with compassion, understanding and great love.

One day when my daughter was 9 years old, it dawned on me: *these principles were simple enough for a fourth grader to learn—before problems began!* Out of this grew the *Model for Healthy Body Image and Weight*, upon which all editions of this curriculum are based.

It is not surprising that as my clinical experience was revealing to me the relationship between body dissatisfaction, the drive to be thin, dieting for weight loss, poor and disordered eating, and very often, weight gain, that others were discovering the same truth about what can and cannot be controlled about size and shape. They too were arriving at the only sane and helpful alternative: *to promote health and the behaviors that support it, rather than size*. Out of this shared awareness, the HAES movement was born and has grown exponentially since, along with a growing body of empirical support. One of the pioneers of this approach, Deb Burgard Ph.D. describes HAES principles in a way that underscores why my answer is “yes,” this curriculum teaches a HAES approach (words in parenthesis are mine):

*“HAES does not mean every size is healthy for an individual (child). It means that anyone (any child) of any size can (learn to) care for the body they have and focus on what it is that supports their well-being. It means that size is a terrible proxy for health. It means that since there is no empirically supported intervention for permanently changing someone’s (a child’s) size, we will focus instead on what we know supports health at any size, and be agnostic about what size they should be. HAES is weight neutral. It is not against weight change itself—which happens naturally for all kinds of reasons—but against the pursuit of weight change as a process.”*

Health At Every Size® and HAES® are registered trademarks of the Association for Size Diversity and Health; used with permission.

## ACKNOWLEDGMENTS

Many things have changed since the original *Healthy Body Image* curriculum was published in 1998; some for the better and some not. Just as it seemed we were making inroads in changing unrealistic attitudes about the “thin ideal,” concern about higher weights and associated health risks exploded. Rather than pausing to question whether there might be a correlation between the prevalence of weight stigma, body dissatisfaction, and higher weights, many health leaders persisted with the same thinking that was largely responsible for poor eating, diminished fitness and obesity that alarmed them. Unfortunately the words of Einstein resonate all too well here: *You cannot solve problems with the same thinking that caused them.* More than ever a new approach to eating, fitness and weight concerns is needed today.

I have been thrilled to see both the first and second editions of this lesson plan come to print, but the new *Healthy Bodies* is the best. This is because there are now *so many of us* who have worked to expose the problems inherent to weight-focused paradigms, and *so many* who are providing the evidence to challenge this, and *so many* who are promoting the only sane alternative, which is to strive for health instead of size. And so my first note of gratitude is to all of of my colleagues around the world who have become activists and leaders in service to this cause. Please, if you are among them, count yourself here.

This *Healthy Bodies* curriculum would not exist were it not for the ongoing efforts those who have dedicated their time to research, treatment, education, and a joint effort to prevent the full spectrum of body image, eating, fitness, and weight problems. A few have been directly helpful with this revision. I am grateful to Jon Robison and Linda Bacon for feedback on the Preface, and especially to Judith Matz, Evelyn Tribole, Karin Kratina, Michelle May and Joanne Ikeda for their expert input on Lesson 8. It is wonderful to have had the critical contributions of this extraordinary group of dieticians and one physician. In addition, in ways big and small, I am always in debt for support and inspiration to Michael Levine, Margo Maine, Carolyn Costin, Dianne Neumark-Sztainer, Linda Bacon, Walter Kaye, Nan Dellheim, and the late Lori Irving and Ansel Keys. Likewise to teachers across the country who have made these lessons come alive in their classrooms, and who have provided invaluable feedback to make this guide better than ever.

I remain grateful to the board and staff of the National Eating Disorders Association (NEDA), who published the First Edition of this curriculum in 1998, and the 2005 Second Edition. Without the support of this national organization, now headed by Lyn Grefe, it is possible these lessons would not have gone beyond Minnesota, not to mention around the world. To my very able research assistant, who was passionate about searching for the latest evidence to document *Healthy Bodies* principles, thanks to Christine Spinetta, not only for long hours and thoroughness in digging for data, but for her always cheerful way of going after what was needed.

As has always been true, it is my clients whose struggles drive my search for effective ways to challenge the cultural forces that they and we all face, and to prevent problems for the next generation. I am ever grateful to them for trusting me with their stories of feeling too long at odds with bodies that were perfect from the start. Last and always most important, I am so thankful for and rely upon the continuing enthusiastic support my family—Lincoln, Adam and Anya.

“Some people believe that stigma is helpful in motivating weight loss - that making it uncomfortable or undesirable to be overweight will somehow help people lose weight.

But a large and growing body of research disputes this. Studies 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... Confronting stigma, bullying and weight bias needs to go hand-in-hand with efforts to reduce the prevalence of obesity nationwide.”

*Nan Feyler, reporting for the Philadelphia Media Network, September 25, 2012, regarding the call from Yale's Rudd Center for Food Policy and Obesity for weight-stigma reduction programs.*

## PREFACE

### INTRODUCTION

#### **Beyond Prevention of Eating Disorders and Concerns about Obesity**

This curriculum was developed to aid in prevention of risk factors common to eating disorders and rising rates of obesity in developing children and teens, but its purpose is much larger than this. While a disturbing number of children will suffer diagnosable concerns stemming from poor and disordered eating and fitness choices, well over half of all children today—thin or fat, boys and girls alike—will learn at far too early an age to worry about and be dissatisfied with their body size and shape. Far from benign, children who are anxious about weight begin to view their bodies from the outside-in—objectifying and judging themselves harshly according to external standards. In the process, they disconnect from internal hunger cues that are perfectly attuned to what and how much their bodies need to eat, as well as the ways their bodies want to move naturally and joyfully in daily life. As a result, these children are less able to care for their bodies; less able to make normal, sound, eating and activity choices, particularly in today’s challenging food and entertainment environment. Primary prevention is therefore needed to target the seedbed out of which the full spectrum of interrelated body image, eating, fitness, and weight concerns take root and grow. The *Healthy Bodies* curriculum was developed to help prevent, reduce, or reverse the influence of insidious risk factors that diminish the body esteem, well-being, and health of countless children today.

#### **First, Do No Harm**

While well documented, shared cultural risk factors for eating disorders and rising rates of obesity are cultivated in the same environment, these problems have routinely been regarded separately when it comes to prevention and treatment. It has become increasingly clear that this disconnected approach is counterproductive and even destructive, resulting in “solutions” that are short-sighted and contradictory, and that thereby add to problems. With concerns about obesity fueling ever more stigma and fear about fatness, a reminder about the directive to “first, do no harm” has never been more urgent. Models for health promotion must take into account *all known factors* contributing to body image, eating, nutrition, fitness, and weight concerns. These models must pro-actively provide children with a guide for long-term health that is realistic, not at odds with any aspect of itself, and non-discriminatory. The model upon which this curriculum is based provides both goals and the means to reach them—healthy body image attitudes and healthy lifestyle choices—that are attainable by all, regardless of size, shape, cultural and socio-economic background, genetic predisposition, or gender. This approach will help without harming any child.

Teachers should carefully read this entire Preface in order to become very well acquainted with the new, evidence-based paradigm these lessons teach and to understand why a new approach is critical to avoid reinforcing old and problematic paradigms. In fact, schools and organizations are advised to make this Preface available to all teachers and staff who interact with students in order to encourage a consistent set of messages about body image, eating, nutrition, fitness, and

weight across students' educational environment. A copy may be downloaded with permission to print from [www.bodyimagehealth.com](http://www.bodyimagehealth.com).

### Targeting Risk Factors That Are Within Our Power to Change

Several risk factors for body image, eating, nutrition, fitness, and weight concerns have been identified in recent years. Most of these fit into one of two distinct categories: 1) those arising out of the cultural context (including the wider culture but also family and micro-cultures), and 2) individual risk factors, including the innate constitution or biological predisposition that a particular person brings to that context. While studies have shown that social pressures alone can generate these concerns, certain genetic factors, such as a tendency for anxiety, perfectionism, obsessive compulsivity, depression, and certain innate appetites appear to increase an individual's vulnerability and susceptibility to these pressures. On the other hand, the existence of predisposing factors are not, by themselves, likely to result in body image, eating, fitness, or weight concerns without exposure to environmental risk factors, or triggers. This is illustrated in the following graph:

Cultural risk factors for body image, eating, nutrition, fitness, and weight concerns	+	No innate vulnerabilities		<i>Good likelihood</i> that some body image, eating, nutrition, fitness, and weight problems will develop.
Cultural risk factors for body image, eating, nutrition, fitness, and weight concerns	+	Innate vulnerabilities		<i>Great likelihood</i> that serious body image, eating, nutrition, fitness, and weight concerns will develop.
Few or no cultural risk factors for body image, eating, nutrition, fitness, and weight concerns	+	Innate vulnerabilities		<i>Little likelihood</i> that body image, eating, nutrition, fitness, and weight concerns will occur. (Vulnerabilities may be expressed in other ways.)

While it is important to recognize and respond to innate vulnerabilities in students when they are expressed, these are not within our power to *prevent*, nor should prevention necessarily be a goal, since their existence enhances the rich diversity of our humanity. In contrast, risk factors arising from the cultural context offer tremendous opportunities for prevention.

Students today are exposed to “toxic” messages promoting body image, eating, fitness, and weight concerns from a very early age through multiple interpersonal and media channels. In fact these messages are so pervasive, very few people escape the effects or question their validity. As a result, the majority of girls of all sizes and shapes learn to incorporate a negative set of attitudes and beliefs about how they should look for the “right” appearance, the “right” weight to be healthy, what they should do to achieve those goals, how to console themselves when they fail, and how they should feel about themselves as a result. Boys too, who have long learned to

endorse or carry unrealistic expectations of females based on this set of beliefs, are now applying similar standards to themselves.

Since pressures for these problems are imbedded in the culture, change (while difficult) is possible. Lessons designed as “antidotes” can increase resiliency in the face of unrealistic and unhealthy messages, promote positive, healthy attitudes and behaviors, and thus can help the next generation. Students can learn to maintain innate body esteem and body integrity, develop realistic body image attitudes and perspectives, and cultivate a lifelong habit of competent eating and fitness choices. The *Healthy Bodies* curriculum is designed as a tool for this purpose.

***Never doubt that a small group of thoughtful, committed people can change the world: indeed it's the only thing that ever has!***

**Margaret Mead**

The goals of this curriculum have been actualized by teachers across the country. Outcome studies, conversations with teachers and students, and observations of classroom settings reveal how this can work. Students who have together learned about the *Healthy Body Building Blocks* speak matter-of-factly and non-judgmentally about innate body diversity (taller/shorter, fatter/thinner), understand the value of balanced eating and fitness for everyone, and are mindful of deeper qualities (versus undue emphasis on looks). They are savvy about cultural messages that push the *thin-ideal* as “the way to look,” as well as high calorie/low-nutrient treats as “the way to eat.” They can tell you why it’s good that the Ugly Duckling didn’t stay with the ducks, and how she thereby avoided what too often occurs in our culture: people comparing themselves to a standard that was never realistic for them, and feeling ugly or at least unattractive and undesirable as a result. Posters in these classrooms reflect size acceptance and vitality at any size. Projects such as the *Identity Mobile* (from Lesson 2) hang from the ceiling, while art reflects a variety of healthy sizes and shapes, body esteem, and the value of good food and enjoyable activity for everyone. The result is as follows:

Cultural risk factors	+	Presentation of the <i>Healthy Body Building Blocks</i>	+	Innate vulnerabilities or no innate vulnerabilities	⇒	Less likelihood of body image, eating, fitness, nutrition and weight problems; greater likelihood of empowerment through having a “voice” with which to resist destructive norms.
-----------------------	---	---	---	---	---	---

The normative “voice” of their classroom is empowering to students, even as they are aware that many outside of their class, even in their school and in their homes, have not learned the same lessons, and thus have different perspectives. The general response is one of understanding and acceptance that peers and adults have not all had the same educational opportunity as they have had. This is not dissimilar from the experience of the 1970s, when education regarding the dangers of smoking was taught in classrooms even as students routinely passed smoke-filled teachers’ lounges and went home to smoking parents.

Students of these lessons are not naïve. They know they may be vulnerable to negative cultural pressures as they move into their teen years and beyond. Still, they state their belief that these

lessons will help them along the way. A video of fifth-grade children talking about their experiences with the *Healthy Bodies* curriculum is available from the author for limited viewing. (See the Appendix for information.)

### **History of this Curriculum, and Changes in the Third Edition**

In May 1996, the U.S. Department of Health Task Force on Eating Disorders published a report calling for curricula to be developed targeting the known risk factors for eating disorders for students in upper elementary school grades. The report states that topics should cover pubescent development, weightism (prejudice regarding size diversity) gender-specific pressures, and body esteem. Emphasis should be placed not on external weight prescriptions, but rather on discovery of individual best weights through natural eating responses to internal cues of hunger and satiety and through enjoyable physical activity. Such curricula must also include complementary materials for parents. In response to this call, the first edition of this curriculum, entitled *Healthy Body Image* was developed and pilot-tested over a two-year period of time before its publication by the National Eating Disorder Association in 1998.

An updated Second Edition was released in 2005. Since its original publication, *Healthy Body Image* was recommended by the USDA Department of Women's Health in their *Bodywise Packet for Middle School Educators*, and is used schools in the United States, Canada, Great Britain, Hong Kong, and Australia. This *Third Edition* has been newly titled *Healthy Bodies* to more clearly articulate its purpose: to provide one integrated model to promote health and healthy weight in today's children through acceptance, connection, and care of their bodies.

Those who used the earlier editions of this curriculum will find this newly titled revision to be familiar, but with a few notable changes.

- 1) Since its publication in 1998, these lessons have aimed to aide in preventing body image and lifestyle habits that lead to diminished health and happiness, regardless of size and shape. This edition includes a title change to make this even more explicit. This is a universal health promotion curriculum intended for *all* students, not only those at risk for eating disorders or higher weights. In addition, given multiple new studies documenting the harmful, lifelong impact of weight-stigma, it is important to state that this curriculum is specifically a weight-stigma reduction program.
- 2) A great deal of new evidence further documents that the concepts taught by this lesson guide are sound. It is important to provide an updated manual to show how earlier editions were ahead of their time, and remain on the cutting edge. Readers will find an extensive reference section included in the Appendix. While much remains to be understood, even more has been learned about the risk factors for body image, eating, fitness, and weight concerns, pointing the way to promising opportunities for prevention. If a healthy body image and positive lifestyle habits are developed at an early age, and students are helped to resist conflicting socio-cultural messages as they progress through middle and high school, the primary purpose of eating and movement for health, vitality, and enjoyment can be protected.

- 3) Given ever increasing confusion about food and eating in today's environment, Lesson 8, *How to Eat*, has been fully updated and expanded. The new lesson plan and activities are designed to help students stay connected to and tuned in to their bodies in order to eat well for health and well-being without conflict or fear. Mindful or intuitive eating is a sustainable and enjoyable approach to eating that supported by a growing body of evidence. This stands in stark contrast to externally prescribed eating, which has proven to be generally unsustainable and problematic.

### **Beyond the Numbers—Personal Statements Illustrate the Need for Lessons**

The *Background for Educators* section that follows further explains the need for the lessons in this curriculum. The following quotes more personally bring home the problems this curriculum hopes to prevent.

*Why should I eat healthy if it won't make me thin?*

—Fourteen-year-old girl

*I exercised five times a week for three months, but didn't lose any weight. What's the point?*

—Mother of three elementary school girls

*If I eat healthy, I feel like I'm on a diet and all I want is some junk food.*

—Sixteen-year-old girl

*I played soccer four or five times a week all year, and ate better than almost anyone I know. But my coach still said I would play better if I lost weight. At first it made me mad, since I'm one of the best players on the team. But after a while it got to me, and I thought maybe I should go on a diet. At first it was hard, but then the more I didn't eat, the easier it was. I lost 45 pounds in about six months. Then one day, something snapped. I started bingeing in the evening. Every day it got worse. All day I would eat as little as possible to make up for the last night's binge, but after school when I was home alone, I just couldn't control myself. Now I'm terrified to eat, because once I do. . . Well, there's no end until I'm stuffed.*

—High School All-State athlete who developed bulimia

*My third grade teacher told us if we eat candy we'll get fat. I stopped eating candy, but then I got afraid anything I eat might make me fat.*

—Fourth grade girl in treatment for anorexia

*When I was in second grade the school nurse told my mother she should put me on a diet or my chubby little body might get too fat. At first I felt special that I got to go through the teacher's lunch line where they had salad and other low-cal foods that weren't offered to the kids. But it didn't take long before I realized this was no great deal. Mainly, I remember I was starving all the time. In the morning, I spent my time waiting for lunch. But what they gave me was never enough, and so all afternoon I would wait to go home and eat. My mom tried to limit my snacks, but I would find ways to get food and hide it in my room, or go to the corner store and stock up. I couldn't figure out why I had to be hungry all the time just because I was fat. That was when my resentment started to grow. I was determined not to let them succeed in their plan to slim me down. I began to eat whatever I could get my hands on whenever I could. They couldn't figure out why I didn't lose weight! By the time I was in high school I was very obese. But I was never a wallflower. I had a lot of friends because I'm outgoing and always had fun ideas about things to do. I still love to go to restaurants, order a lot of greasy food, and then watch the waitress squirm when I look her in the eye and say, "Bring a little extra butter on the side with that, would you, dear? Oh, and a slice of that double-Dutch cake for dessert, please."*

—Thirty-four-year old registered nurse struggling with depression

*You won't believe this, but in my school, how you look is everything. If I don't lose 10 pounds by next fall, I might as well not even go to high school.*

—Beautiful and slim (by current cultural standards) eighth-grade girl

*I heard my aunt tell my mom that I have the Anderson body. I really hate my legs because I know they are like my mother's and she has big thighs. A couple of times my mom stayed home because she said she looked so fat, and she went in her room and cried. I feel like my legs are really big and fat, and I have to eat as little as possible to keep them from growing.*

—Nine-year-old girl, five feet tall, weighing 71 pounds, diagnosed with anorexia

*All anyone ever talks about at lunch is how fat and ugly they are and how they can't eat this and can't eat that. It makes me so mad! I used to feel fine about my body, but how can you feel ok when the skinniest girls in the school go on and on about how they need to lose weight. It wears you down. Now I worry just like they do about being fat, and wonder what other people think about me. How can I eat lunch when that's what's going on? What if people think you are fat, and there you are, eating right in front of them?*

—Thirteen-year-old girl of very average weight

*I hate my body. Really. I just hate it. I have since I was in fourth grade. I feel it every minute of every day.*

—Thirty-four-year old mother of three daughters

*Actually, I felt pretty good about my body until 6<sup>th</sup> grade. But then everyone else hated theirs, so I thought I should too.*

—Twenty-two-year old woman in treatment for her bulimia

## ESSENTIAL BACKGROUND FOR EDUCATORS

Body image, eating, fitness, and weight concerns are pervasive in our culture and affect children at ever-younger ages. Dating to the early 1960s, most weight-worries were spawned by appearance anxiety. More recently, warnings about higher rates of obesity have further fueled fears about weight gain and weight stigma. At a time when they should feel secure and trust in their body's growth and internal hunger regulation, most children today learn to worry about their size and to fear that eating will make them fat. In turn, they respond with choices that cause the very problems they want to avoid. Any contrived effort to control weight requires tuning out vital internal signals that are built in to tell them when their bodies are hungry and need fuel, when they are satisfied, and what type of food they need. Instead of listening and responding to their body's wisdom, children today increasingly learn to eat by the "rules" if they want to be "good" or that eating outside of the "rules" is "bad." While it may seem this is necessary in a world awash with "junk food," the reality is that fear of fatness and pressures to eat in ways to control or lose weight lead children to disconnect from their innate ability to eat normally. As this has become the norm, rates of obesity have increased. While the contributors to this are complex, it cannot be overlooked that in four decades, the thinner we have tried to be, the fatter we have become. Clearly something is wrong with our approach.

It is important to note that students would not need *Healthy Bodies* lessons in an environment in which innate body esteem, trust in internal hunger and weight regulation, a ready supply of wholesome food and fitness options, and respect for the normal distribution of diverse sizes and shapes were widely supported. Unfortunately, the context in which today's children grow up instead presents them, from an early age, with multiple conflicting messages that specifically promote unrealistic attitudes and behaviors. These messages begin to have an especially disruptive, confusing, and negative effect as children experience the natural reshaping of their bodies that comes with puberty.

Body-angst, poor eating and fitness habits, and weight concerns are extremely difficult to reverse once they are established. We now know enough about the environmental risk factors that give rise to these concerns to prevent much of the trouble *before* it starts. Children can and should be taught from an early age to recognize and resist unhealthy pressures, to maintain body integrity, and to make competent choices that will enhance their health and well-being. This curriculum aims to positively and proactively support this objective.

**The following section provides background material that is necessary to teach this *Healthy Bodies* curriculum. Teachers should therefore read it in its entirety before proceeding with lesson plans.** This material is organized as follows:

**Part I:** Introduces the full spectrum of body image, eating, fitness, and weight concerns that routinely affect students.

**Part II:** Describes the cultural risk factors that encourage these concerns, and presents the *Model for Healthy Body Image and Weight* that was developed to provide “antidotes” in the face of these risk factors. This model provides the foundation for the *Healthy Body Building Blocks* upon which each lesson is based.

**Part III:** Further orients teachers as they prepare to teach the lessons.

## PART I: THE SPECTRUM OF PROBLEMS

The following interrelated topics are addressed in this section:

- A. Negative body image and the drive to be thin
- B. Concerns about higher rates of obesity
- C. A challenging food environment and default sedentary lifestyles
- D. Mindless eating, disconnection from our bodies, and complacency about nutrition and fitness

### A. Negative body image and the drive to be thin

#### The effect on females

It is statistically normal today for girls to be dissatisfied with their bodies and say they “feel fat,” a disparaging self-judgment that may or may not have anything to do with *being* fat. While people have always been interested in appearance, recent undue emphasis on physical beauty for women and the need to be thin in order to achieve it is unprecedented.

Negative body image and “feeling fat” (regardless of size) proliferate in a social context that equates desirability in females with appearance, and the “right look” with a lean body that is unrealistic for the vast majority. In this environment it is *adaptive* for girls to be anxious about and critical of their naturally developing, fuller, feminine shapes, and we cannot be surprised at the prevalence of body dissatisfaction among them.

It is important to clarify that *most* females in our culture “feel fat” (with accompanying self-condemnation) or fear becoming fat, not just those who are visibly larger. In fact, relatively slender girls who see “perfection” as only a few pounds away may be more likely to use manipulative eating practices to try to achieve the cultural ideal than those for whom this possibility is more distant. While fatter girls may not feel better about themselves, they may at least be more realistic about what is and is not in their control!

More recently, messages promoted by campaigns to “prevent obesity” have taken fear of fatness to a whole new level. That these public health initiatives have arisen out of a deep and important concern for improved eating and fitness habits does not change the fact that the stated purpose—“obesity prevention” is “size prevention,” and as such *it supports the belief that that there is a “right” and a “wrong” size to be*. In other words, if you are not the former, you are failing. This belief affects *everyone*, but especially females.

### **Boys are increasingly affected**

Body scrutiny for boys in our culture is gradually following the path previously prescribed for females, although important differences between boys and girls remain: fewer boys feel bad about their bodies, and those who do begin at a later age. Experts suggest this may be because fewer comments are made to boys about their appearance, and the standards for an acceptable male physique are broader. As a result, the risk of harsh judgments seems to be generally less for males than for females in our culture (although this does not appear to be the case among gay males). While surveys show that boys increasingly have an aversion to becoming fat, unlike girls, heterosexual males almost never describe themselves as being or “feeling fat” unless there is visible, objective evidence to support that description.

As a whole, coping styles for boys are also different. Studies show that boys are not as hard on themselves if they feel their appearance is not ideal or is merely “ok.” It is less likely to affect overall self esteem, the activities they pursue, or to interfere with healthy behaviors. Boys tend to seek other outlets (hobbies, sports) rather than trying to make themselves over at any cost.

While few studies exist, there is consensus that males have been significantly affected by a rise in the number of images of “ideal” pumped-up men in today’s mass media. Despite different coping styles, as they are increasingly surrounded by images of “ideally handsome” men with the “chiseled body” look, studies show males succumb to comparisons, and feel deficient as a result. It is the desire for a “ripped” (muscular) look that seems to occur most frequently. When the lean-but-buff-body is presented as if it were normal, more men and boys feel their body build is lacking. For example, in 1972, only 18% of males said they “disliked their upper torso,” but by 1996 the percentage had more than doubled to 38%, and has risen to nearly 50% today. Compulsive weightlifting and consumption of expensive bulking-up substances has increased with these changes. Most alarming is the use of anabolic steroids to build muscles and exaggerate male sexual characteristics. While these drugs are not legal without a prescription, abusers find ways to obtain them, and advice about their use is readily available on the Internet. The effectiveness of these drugs makes them extremely seductive, and most users are either not aware of or deny the serious medical complications that occur with long-term use.

### **Impact on ever younger children**

Once the province of college-age students, studies have shown that roughly two-thirds of adolescent females want to lose weight and 45 percent of boys and girls of all sizes and shapes in grades three through six want to be thinner. One-third of girls this age acknowledge they have

already tried restrictive eating for the purpose of losing weight. Even kindergarten teachers hear students mimicking the fat-talk of their elders. Such children are not learning to feel integrity in their diverse bodies, to listen to and maintain trust in inner cues, or to value eating well for health and well-being. Instead, from a very early age, they are learning to feel insecure and self-conscious, to mistrust their hunger, to think of themselves as “good” or “bad” based on the size of their bodies, and to set themselves on a course in which weight loss and gain are a central focus of their lives.

### **Cultural differences**

Some cultural and racial groups have fared better in maintaining their acceptance of more realistic and diverse body types. For example, some studies have shown that African American females are more satisfied with their bodies than White women. Surveys reveal that among these women “looking good” spans a wider range of options and reflects individual style rather than conformity. However, new research suggests that acceptance of diverse sizes is diminishing. As financial status rises among minority groups, so apparently does identification with the current “ideal” female role model: five-feet seven-inches tall and 110 pounds. Certainly this acculturation has taken a toll on many ethnic minorities and immigrants to Western cultures, as they adopt the prevailing standard of thinness, anxiety about weight, and perceived pressures to diet.

The idea that the drive to be thin is for First World cultures only is no longer sound, as messages placing a premium on thinness (and dieting as a means to achieve it) permeate the far corners of the globe. While dieting is not generally associated with developing countries, headlines such as *Anorexia Takes Hold in India* (British Broadcasting Company, 2003) suggest a drastic change. The incidence of eating disorders has risen exponentially in places like Venezuela, the Philippines, and Mexico. So, too, have they increased in the inner cities, rural towns, and ethnic communities across the United States.

To the degree that some groups or individuals have held onto their healthy body image attitudes and behaviors in the face of mainstream counter-pressures, we can learn from their models. This curriculum affirms that wisdom.

### **The cost of negative body image and the drive to be thin**

Whether or not body dissatisfaction progresses to a diagnosable disorder or health issue, how students feel in their own bodies is not trivial. Negative body image costs our children, our families, and our society at large in several important ways:

1. A drain on time, attention, energy, self esteem, motivation for self-care, and money

Body dissatisfaction is a significant distraction, consuming energy and attention that would better be directed to more important developmental tasks. Self-consciousness feels bad, provokes feelings of shame, evokes fear, and makes it difficult to concentrate. Students who routinely worry about their appearance as they navigate school hallways or

sit at their desks are anxious and preoccupied students. Students who fear they are being judged as they eat (or don't eat) in lunchrooms or who worry about how they look in physical education classes would rather be anywhere else. Body dissatisfaction hampers children's ability to focus on academic, social, and character development as well as other important skills and events.

A "right size/wrong size" mentality is a set-up for comparisons that lead to loss of self-esteem for those who do not meet (or think they do not meet) the standard. New research suggests that those who are able to by-pass comparisons to others or an "ideal," and instead accept their own unique embodiment, score higher on self-compassion. Higher self-compassion is correlated with more resilience in the face of stress, and in turn better self-care. This confirms common sense: people take care of the things they value. Body dissatisfaction does not motivate self-care.

## 2. A crisis of disconnection from the self

A growing child's inability to feel comfortable in his or her own skin is detrimental to the formation of his or her identity. Children who struggle with body image learn to view themselves from the outside-in, rather than the inside-out. "How I look" becomes more important than "Who I am." As teachers try to guide students to listen to and express their inner voice, our culture's emphasis on superficial appearance teaches children to worry more about how people will judge their "packaging."

Given the emphasis on "looks" in the media, students feel pressured at increasingly younger ages to present an exterior appearance that will be favorably received, whether or not that appearance is even remotely possible for them. They feel forced to choose between staying connected to who they are, on the one hand, and trying to "fit in," on the other. For girls this usually begins with objectifying their bodies as they search for external cues to tell them what will be deemed desirable instead of role models who encourage expression of their honest selves. This dissociative crisis makes many girls willing to risk even their health (deny their hunger, exercise excessively, "look good" at any cost) in order to have relationships. Rather than *who they are*, it is *who they appear to be* that matters. This perceived need to bury the authentic self takes a tragic toll on the self-esteem and health practices of many adolescent girls.

## 3. Poor and unbalanced nutrition and weight gain

Negative body image is a primary risk factor for many of the poor eating habits that are now common for many Americans. Rather than helping, studies now document that body dissatisfaction reliably leads to unhealthy and disordered eating and fitness habits, diminished overall health, and weight gain.

Body dissatisfaction and the drive to be thin have made restrictive eating “normal.” In contrast to the early 1960s when dieting behaviors were measured in the 30% to 35% range, today up to 70% of teenage females report they have engaged in restrictive eating practices to control or lose weight. In fact, eating for weight loss is so standard; many adults do not consider the effect on health, even when they see this practice in children. It seems that pounds lost always outweigh nutrition and energy deficits. Likewise few adults realize that food preoccupation and bingeing or compulsive eating are normal following periods of rigid, restrictive eating.

Students with body dissatisfaction who turn to dieting, as most do, inevitably tune out internal cues of hunger and satiety in favor of external messages about food or the latest diet fad. When ending a diet, it is not so easy to tune back in. Any disconnect from our body interferes with our perfectly calibrated, innate ability to enjoy eating moderately, maintain a stable weight, and be well nourished.

#### 4. Eating disorders

“Feeling fat” or fear of fatness and the dieting behaviors these spawn are the primary triggers for life-threatening and difficult-to-treat eating disorders. New research strongly suggests that eating disorders may be a response to an underlying genetic vulnerability. Nonetheless, this vulnerability is triggered by an environment in which the thin-ideal, fear of fatness and body dissatisfaction lead to rule-based, restrictive eating and the alternative, compulsive binge eating.

In addition to those who will progress in their body image concerns to a diagnosable eating disorder or to health problems associated with disordered eating, weight stigma and other pressures to eat for the purpose of controlling size negatively affect most students. Increasing anxiety about appearance, obsessive inner dialogues about weight and shape, and the consequences of restricted, defiant, demoralized, or complacent eating are serious problems rising from body dissatisfaction. These interfere with important emotional and health needs for the majority of girls and an increasing number of boys today.

#### **Body image is central to the emerging self as children enter puberty**

As students enter puberty, they begin to anticipate the looming judgment of their own physicality. Looks do matter. And in the American social context, almost any degree of visible fatness is considered to be “bad,” whether it is 5 pounds or 200. Since it is normal for developing females to add 20% of their body weight in fat, sometimes as much as 20 pounds or more in a single year between the ages of 10 and 14, the result is frequently devastating to a girl’s self-esteem and confidence. Likewise, boys often round out before shooting upward as they enter puberty. When this development is labeled “getting fat” (negative connotation implied) rather than being celebrated as the start of a new stage of growth, self-consciousness and anxiety about fitting in begin to consume attention. Just when young students should begin to discover who they are—their preferences, personal style, and their own voices about what is right and just in

the world—more and more of them are overwhelmed and preoccupied by pressures to acquire the “right look.” “Good” students of the culture learn to adopt the drive to be thin, to suppress their individuality and physical hunger, to view themselves as objects, and to suffer the negative body esteem this spawns. The long-ranging effects into adulthood are well documented.

## **B. Concerns about higher rates of obesity**

Health risks associated with higher weights in children have led to major national campaigns to “prevent obesity.” It may be that this campaign is or will become the largest public health initiative ever undertaken. Few people question the need or the methods for achieving its goals. It is not within the scope of this curriculum to address the degree to which rates of fatness have increased, or the health risks. The goal instead is to address *what can be done* to effectively promote health and healthy weights for children in today’s challenging environment.

The previous section addressed problems, including weight gain, resulting from worry about fatness, body dissatisfaction, and the drive to be thin. But many who are invested in reducing rates of obesity are quite sure that *more*, rather than less concern about fatness is needed. This is a serious conflict that must be addressed, since these perspectives are obviously at odds, and not only adults, but young students suffer the consequences. To clarify, the question is not whether higher weights pose increased health risks. The question is, will more unhappiness and worry about fatness improve lifestyle choices or reduce the prevalence of obesity, as it is hoped?

Since the thin-ideal became pervasive in the early 1960s, Americans have assumed more personal responsibility for their weight, claimed more weight-loss intentions, and engaged in more weight-loss efforts than ever in history. As previously noted, on any given day, 46% of the population is actively on a weight-loss diet, and many more are planning to begin (or resume) dieting soon. Roughly 70% of females of all ages routinely cycle on and off of various weight-loss plans and they are now joined by a growing number of men who diet and exercise in an effort to shed fat. So we must ask: *How effective is this? Has a pervasive focus on weight, fear of fatness, critical body scrutiny, and the drive to be thin helped to keep us lean?*

In five decades of unprecedented worry about weight and weight loss efforts, the incidence of those categorized as overweight and obese has more than doubled. When adjusted for changing standards, the number of Americans who now fall into these categories has risen from somewhere around 14% in the 1960s to over 50% today. While many factors have contributed to higher weights, this increase is clearly not because of a shortage of concern about weight or efforts to drop pounds. In fact, evidence is now quite clear that these efforts have added to the problem. Likewise, *weight stigma* has increased dramatically in this of time. Once again, if pressure to feel shame about weight led to weight loss, obesity would be a thing of the past. Instead, a growing body of scientific evidence, along with the clear voices of those stigmatized, shows the opposite.

*“Growing up I wasn’t fat, but I was chubby and was teased about it. Even though I had friends, it was a nightmare when other kids circled around me on the playground and called me names. Sometimes they pushed me and even knocked me into the lockers. I told my mother and she talked to the teacher, but it didn’t help. I was just fatter than the other kids and that’s disgusting. So my mother took me to Weight Watchers in the fourth grade. I lost about 20 pounds, but then I gained it all back plus some, which really made me hate myself. So then I sort of felt I deserved what I got, and I’ve been at it (dieting/regaining, dieting/regaining added pounds) ever since. All I can do is keep trying to lose weight. But now I am fatter than ever and it just proves what a failure I am in this regard.”*

—46 year old top female executive of a Fortune 500 company

Rhetoric suggesting that “elimination of obesity” is a reasonable goal encourages the belief that if you remain fat, *you are failing*, even with the healthiest of lifestyles. In the words of a plus-sized sixteen-year-old all-star soccer player with impeccable eating habits:

*“When I read the words ‘obesity prevention,’ I feel they want to prevent me!”*

It is bad enough that stigmatization directed at obese and chubby children is often unrelenting, producing tremendous psychological scars, but there is significant new evidence that victims are at higher risk for poorer eating habits, avoidance of exercise, and weight gain. It is critical to understand that *more worry about weight and weight stigma are not what is needed*. Literature reviews from the Rudd Center for Food Policy and Obesity at Yale University highlight the need to move beyond documenting the negative effects of weight stigma to implementation of *stigma-reduction programs*. This curriculum is a response to that need.

### **Belief that weight is a choice**

Weight stigma is highly associated with the belief that weight is under personal control. American children as young as five believe that if an individual is fat, he or she eats too much and exercises too little. The assumption that fatter people are inevitably doing something wrong is normative in our population. This discounts our knowledge of biological size diversity and the fact that well over 50% of the influence for size and shape, including fatness and thinness, is genetically predisposed. Genetics account not only for bone structure but also a predisposition for fat-to-lean body-tissue composition, the location of fat stores, and metabolic rate. This does not mean that weight is not *influenced* by lifestyle choices—clearly a rising rate of fatness across the population in a few decades is not due to a change in genetic predisposition. What it does mean is that, given equal, optimal lifestyle habits of healthy eating and fitness, bodies will still be diverse, ranging from thin to fat, revealing a normal distribution curve. It further means that assumptions cannot be made about a person’s lifestyle habits by merely observing they are fat or thin, or by measuring body mass index (BMI).

Despite the preponderance of messages implying anyone can “get the body they always wanted” with a little willpower and determination, *this concept is simply false*. To the contrary, choices may be made about behaviors: how one will eat and how much one will move. Such choices can and do influence weight, but cannot be counted on to result in a particular, prescribed weight, weight loss, or recommended BMI in a given individual. In this light, when optimal choices are made, the realistic expectation is optimal health in individuals who will maintain diverse sizes, ranging from fat to thin. Support of health and size neutrality is thus our goal.

### **The belief in dieting as a solution**

As previously noted, dieting has become a normative eating style in the United States. The diet mentality remains strong despite an overwhelming body of empirical evidence showing that any method for restricting calories or food groups for the purpose of weight loss is counterproductive for weight loss in the long run. Reports published as early as 1950 show that restrictive eating consistently leads to:

- A preoccupation with food; difficulty concentrating on anything else.
- A dramatic increase in food cravings, especially for calorie-dense foods, such as sugars and fats.
- Irritability and depression.
- Decreased metabolic rate.
- A ravenous hunger that emerges when restraints on eating are removed.
- Compulsive or binge rebound-eating that may persist for some time once the diet is ended.
- A disconnection with the internal hunger regulatory system, particularly if dieting is sustained or repeated over time.
- Regain of weight that was lost, often with added pounds.

Dieting is very seductive. Short-term results are almost always promising. However, weight that is lost is predictably regained. Surveys show that at least 80% (most surveys report 95%) of weight that is lost through any type of weight reduction plan is ultimately regained along with additional pounds above the starting weight. Even so, with dieting still viewed as part of the “solution” for higher weights, most dieters resume their efforts again and again. Over time, diet cycling routinely results in significant weight gain over time. Dieting for weight loss is therefore not merely ineffective, but harmful, contributing to multiple long-term problems including rising rates of obesity and demoralization of participants.

Because restricting calories by any means works at first, there is a reluctance to acknowledge its dismal long-term record and negative side-effects. Most dieters incorrectly accept a sense of personal failure for their futile efforts and blame themselves for the compensatory eating that follows. Even many health-care-providers remain uninformed or discount the evidence against dieting as a weight-loss strategy. For example, in 2003 *Pediatrics* reported a study following

15,000 dieting and non-dieting boys and girls, ages 9 to 14, for three years. Dieting children gained significantly *more* weight than non-dieters and were more likely than non-dieters to report binge or compulsive-overeating behaviors. The more often dieting occurred, the more weight was gained. Another study showed adolescents who dieted added significantly more pounds compared those who did not over a five year period. Despite such warnings, weight loss plans continue to be prescribed, even for children.

With headlines stressing a correlation between weight gain and health problems, worried physicians and parents often do not know what else to do to help chubby children avoid risks. But a careful history of obese adults reveals that many trace a pattern of disordered eating to diets that were urged on them as children by well-meaning adults. Prescribing an eating plan for weight loss teaches children that they cannot trust and should not listen to the internal cues that regulate their hunger and weight, and that they must rely on external rules in order to be both healthy and acceptable in the eyes of others. Such a plan is a set-up for failure, swinging the pendulum to a dysfunctional alternative that is not benign. Following the maxim, “do no harm,” is imperative. When we do not know what do, we must none the less heed what *not* to do.

**What to say to students who are on weight loss diets prescribed by health-care providers:**

Lessons in this curriculum teach students that, instead of dieting for weight loss, a more realistic, effective, and no-risk method is 1) to listen to internal hunger cues and satisfy hunger completely with a variety and balance of foods, 2) to be physically active for strength and fitness, and 3) to trust that the resulting size and weight is right for them. Lesson 7 specifically demonstrates to children why dieting for weight loss is almost never effective in the long run and may cause weight gain. This will pose a conflict for students who have been advised to lose weight through calorie restriction by their medical-provider. It is probably best to address this discrepancy directly. Teachers might say, “Your health-care-provider and parents want only the best for you. It’s possible they are not aware of the problems that can be caused by dieting for weight loss.” The Recommended Reading list in the Appendix includes books for parents and/or physicians requesting more information. While this is a delicate situation, the role of health educators is to present the facts without flinching, even if and when these conflict with advice based on dated paradigms about weight.

**Belief that health is dependent on size**

An excess of high-calorie/low-nutrient food and a too-sedentary lifestyle are problematic, and pose a real risk to health that is regularly associated with increased fatness. But before pointing to fatness as the primary risk factor for health problems, we must step back and consider some compelling facts. Major long-term studies, including one that carefully followed 21,925 men over eight years, have documented that fatter people who are physically fit are actually at lower risk for health-related problems than thinner people who are not fit. This challenges our basic assumption and raises an important question: *Is fatness or lack of fitness the greater causal factor when it comes to health concerns?* Many fatter people are not fit (perhaps in part due to the demoralizing nature of weight-stigma), but when fitness improves, even with no weight loss, vital measures of health improve, as well. In light of this, promoting behaviors that can lead to

*well fed, fit bodies*—an actual, achievable outcome, regardless of size—rather than reduced fatness, which may or may not be a sustainable result is both non-discriminatory and likely to improve health. This is the basic underpinning of the Health At Every Size® (HAES®) approach (see Insert immediately following the Table of Contents).

### **Defining a more realistic goal**

It is hopefully clear that holding *fatness* as the problem with *weight control* as the solution has not only been ineffective, it makes matters worse. This weight-focused paradigm encourages stigma and worry about size and shape, the drive to be thin and diet mentality, while having little positive effect on the eating, fitness, or overall health of the average adult or child. Isn't the latter our real goal? When we shift the focus away from fat and weight to attitudes and behaviors leading to nutritional health and metabolic fitness we sacrifice nothing while gaining an approach that enhances the well-being of all.

### **C. A challenging food environment and default sedentary lifestyles**

Other changes have occurred in the decades since the drive to be thin and dieting for weight loss became normative. Alongside the thin/buff-ideal and the various means to achieve it, the introduction and mass marketing of low-nutrient/calorie-dense, taste-stimulating foods have competed for and acquired a much bigger share of the American food market. Without a doubt, the explosion of fast-food, entertainment-food, and ready-made or easy-to-prepare processed-food has dramatically altered both the eating habits and quality of food eaten by the average American.

There is little argument that the availability, portability, attractive packaging, great taste, low cost and abundance of new ready-to-eat foods have made these widely and wildly appealing to children and adults. By comparison, most whole, unprocessed groceries, fresh produce and meats are available at a higher cost at stores or markets in limited locations that are often not within easy walking distance of homes, schools, work, or recreational sites. Once purchased, these foods often need at least some preparation before they are ready to eat. All in all, satisfying hunger with a variety of nutrient-dense foods requires more planning, effort, and expense than with many “convenience” or fast foods.

Simultaneously, new modes of transportation requiring little effort, as well as sedentary work and entertainment options have come to occupy more daily hours than ever before imagined. At the flick of a switch, labor saving devices do the work previously requiring significant physical exertion, and hours of engaging amusement are available without ever leaving our chairs. These environmental changes have made health enhancing choices a challenge for most. Coupled with a host of other lifestyle changes—fewer stay-at-home parents, busier schedules, fewer family meals, more disposable income, and especially the rise in sedentary work and leisure options—and the resulting environment can easily be blamed for a sharp drop in nutrient-rich eating and physical activity.

## **D) Mindless eating, disconnection from our bodies, and complacency about nutrition and fitness**

A sea of conflicting advice about what, what not, and how much to eat as well as how to exercise to burn fat and achieve the “right” appearance or BMI have left many people, including parents, throwing up their hands in frustration. When it comes to actual choices, many today admit it’s *just too much work* to tune in to what our bodies need and stay on top of nutrition and fitness needs. Watching people swing from religiously following the latest food fad, health craze, or diet to “forget it,” we can see that feeling overwhelmed is a big problem today. Rather than caring for their bodies, surveys show that the primary motive for being physically active and “eating healthy” today is to lose weight. When following the rules about healthy choices do not result in dropped pounds, the “pull” of today’s food and entertainment become an all too appealing alternative. Health seems an uninspiring second choice.

*Why should I eat healthy if it won’t make me thin?*

–Fourteen-year-old girl

*I exercised five times a week for three months and didn’t lose any weight. What’s the point?*

– Twenty-seven-year-old mother of two preschool children

Even public health promoters seem not to trust that health can be a meaningful goal. Some government funded campaigns have resorted to promising attractiveness in return for healthier choices. For example, posters from the USDA Small Step campaign clearly suggest that with a few simple steps anyone can be slimmer, *look better*, and have a more successful social life. Computer imaging techniques demonstrate gradually reduced bellies, thinner thighs, fewer chins, and vanishing love handles in exchange for more physical activity, while the text promises outcomes like, “Now runs the risk of being mobbed by female admirers,” and “Just bought bikini that challenges some obscenity laws.”

But what if people take positive steps, are healthier as a result, and still do not fit into a bikini (or lose any weight at all, for that matter)? A dangerous perspective arises when good looks are held up as the reward for better lifestyle habits. Conditioned to value appearance over health by the beauty and fashion industries, too many people, especially children, already abandon good nutrition and fitness if these “only” result in improved wellbeing and vitality. Intended or not, health campaigns that specifically equate a slimmer look with a happier life, and dangle this as the “carrot” for health enhancing choices send messages that are unrealistic, demeaning, demoralizing, and paradoxically increase risk factors for the higher weights they hoped to prevent. On the flip side, when weight loss is touted as the goal of balanced eating and activity, complacency may be inadvertently encouraged among those who do not perceive a need to lose weight:

*It doesn't matter what I eat. I've never been fat!*

– Fifteen-year-old boy

*I eat every day at some fast-food place, just like in that movie Supersize Me. The difference is, somehow I stay slim. I guess I'm just lucky!*

– Twenty-eight-year-old office worker

*My friends hate me because I eat junk all the time, I never exercise, and I'm still skinny!*

– Eighth-grade girl

The number of children *of all sizes* today who lack balanced nutrition and are inactive is a great concern. Sometimes the basis for this is economic, and food is scarce. But when children of adequate means eat disproportionately of high-calorie/low nutrient foods or, alternatively, restrict calories and forego balanced nutrition for the purpose of weight loss, or out of a misguided sense of “being in control,” a *disconnect* both from their bodies, and from the primary purpose of eating well—for vitality, well-being, and enjoyment—is evident. When poor nutritional habits are accepted or supported by adults, either through the foods that are offered, through turning a blind eye, or through modeling, then a normative complacency about the relationship between health, nutrition, and fitness as a value in its own right can be expected in the next generation.

Eating well and physical fitness require time and effort. If bodies are naturally slim, if wholesome choices do not pay off by delivering the “right” (slim) look, or when dieting results in admiration for willpower or a slimmer physique, “who cares about nutrition” is an all too common response. Children today need *new incentives* to eat a balanced, wholesome variety of food and to seek out activities that promote their physical fitness. *When overall well-being replaces size or appearance as the primary enticement for a healthy lifestyle, then students of every size will have measurably better health.*

#### **Pseudo versus real control**

In cultures where food is plentiful, the freedom to choose what and how much to eat has become an arena in which a misguided sense of control can be played out. On the one hand, we have come to admire restrictiveness and view the willpower to cut calories (skip lunch, say “no” to dessert, *be anorexic*) and ultimately *be slim* as being “in control.” On the other hand, free will is viewed as an entitlement; eating “whatever/whenever,” “being bad” with food, and escaping into sedentary entertainment may become defiant rights of passage—especially for those who were pressured at an early age to restrict eating or to exercise to reduce fatness. In contrast, the *Healthy Bodies* curriculum presents competency about nutrition, fitness, body esteem, and resistance to unrealistic norms as a model for students who aspire to be independent and “in control.”

## **PART II: A NEW MODEL FOR PROMOTING HEALTHY BODIES AND ADDRESSING WEIGHT CONCERNS**

### **Learning from prior prevention efforts**

Several initiatives to address body image, eating and weight problems have been tested in the last decade. It is important to consider what has worked and not worked as we move ahead. Prior to the 1998 publication of this curriculum, available lesson plans targeted only middle-or upper-school students—an age when body image problems are already prevalent and primary prevention is too late. Since it is extremely difficult to reverse body dissatisfaction once it is established, students should have the benefit of lessons at an earlier age that are designed to help them maintain (rather than regain) body esteem. Now we know that even elementary age children are negatively affected by today’s challenging food and weight-focused environment. Clearly the earlier we can reinforce innate body esteem and internal connections to hunger cues, the better. At publication, *Healthy Bodies* appears still to be the only published lesson plan to promote positive body image, positive eating and fitness habits, and weight-stigma reduction in lower school kids.

In the past, some eating disorder prevention curricula aimed to deter students from problems by informing them about eating disorders and the damage they cause. There is evidence that this approach too often backfired, teaching eating-disorder behaviors to already fat-fearful adolescents. The *Healthy Bodies* curriculum teaches students *what to do for health* versus *what not to do*, and does not mention eating disorders at all.

Curricula that are exclusively didactic and do not involve children experientially may transmit knowledge but without the desired attitudinal or behavioral changes. Better results occur when concepts are presented through engaging activities, stories, and discussions. Additionally, since a positive body image and a focus on wholesome eating and fitness for health (versus size) are not culturally normative today, development of a *whole-classroom micro-culture* that normalizes and values these concepts is very helpful. Posters, books, art, and music that reinforce size diversity, appreciation of deeper qualities (beyond superficial appearances), eating well, and fitness make healthy norms the *status quo*, in contrast to the wider culture in which children live.

Outcomes for curricula with older and college age students have shown that prevention methods based on a cognitive dissonance model, in which students are faced with inconsistencies or dissonance between their health beliefs and behaviors is effective in motivating them to change their attitude or behaviors to reduce this conflict. In line with this, activities and stories in these lessons lead students to explore how what many people believe and do is in direct conflict with what is factual, helpful, and effective. Through story characters and other activities, they have an opportunity to consider whether the outcome of particular choices supports or conflicts with reality, with their values, with positive feelings about themselves, and with their overall well-being physically and emotionally.

Last, but not least, approaches that educate and foster change in the wider community within which children grow hold even more promise. Changing a classroom environment is potent, but when the wider school culture, including administration, staff, and parents, embrace a *whole-school approach* (see the Appendix for more information about a *whole-school approach*) this larger micro-culture clearly reinforces students' responses as they move through higher grades.

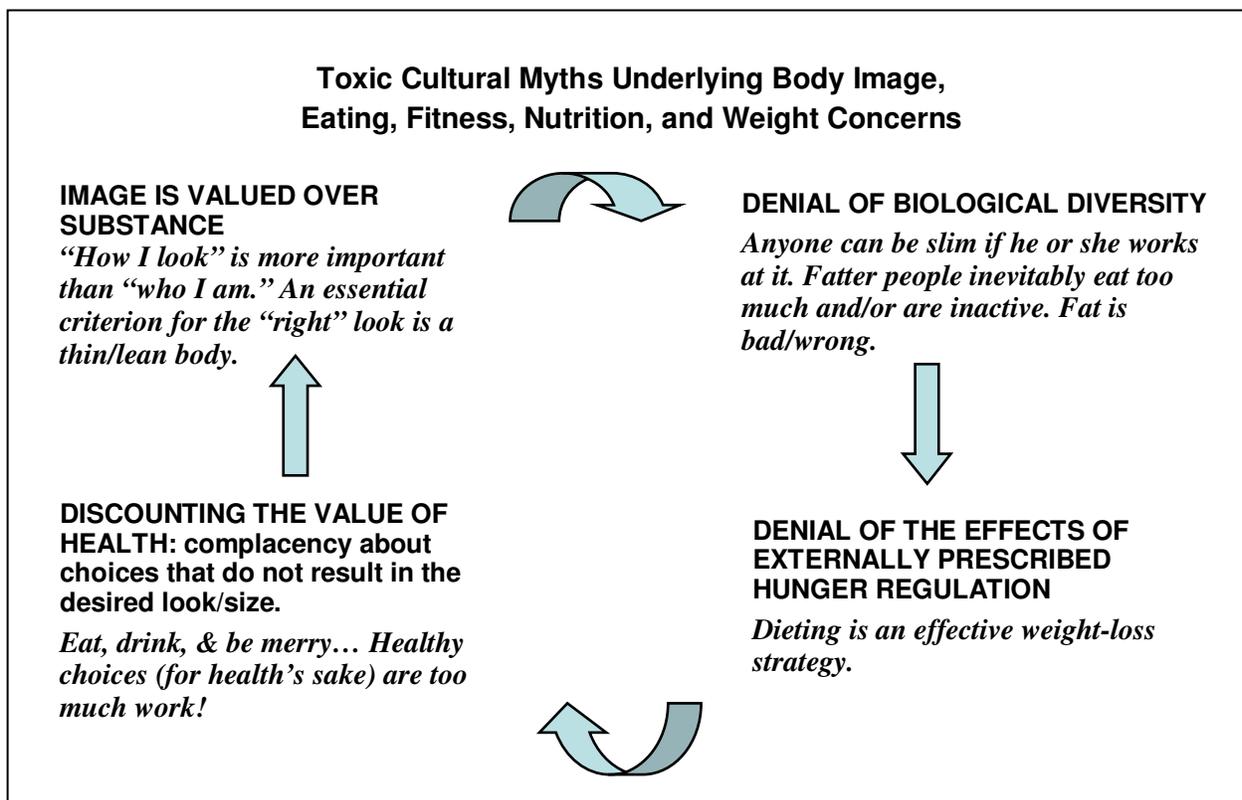
**Criteria for a new model: *First, do no harm.***

To be effective in preventing or reversing culturally induced body image, eating, fitness, and weight concerns, it is essential that new models correct a serious flaw of many current weight-related prevention initiatives. When examined, these initiatives too often present one perspective to stop the rising rate of fatness, a contrasting approach to prevent or reverse eating disorders, and a third to encourage size acceptance and to battle weightist attitudes. When contrasting health promotion efforts recommend solutions that are contradictory, or when they encourage short-term solutions that are counterproductive in the long run, confusion and failure prevail. In this light, we cannot be surprised when students and parents are frustrated and, in many cases, complacent about healthy eating and fitness choices.

Prevention experts agree that a new approach is needed that is capable of addressing: 1) the unrealistic drive to be thin and the restrictive eating that accompanies it, 2) concern about higher rates of fatness, 3) poor nutrition and fitness in children of all sizes, and 4) weightist attitudes that deny the integrity of size diversity *simultaneously and without discrimination or contradiction*.

A new model must start then by recognizing that the pervasive thin-ideal, the diet mentality, poor eating and fitness habits, higher rates of fatness, and weightism are not separate, but are interrelated. They are part of one dynamic, whole problem with common risk factors. Given this, to be effective, models must reject methods that appear to solve one problem at the expense of another and must also vigorously avoid recommendations for short-term-only solutions. Both the goals—healthy body image attitudes and healthy lifestyle choices—and the opportunity to reach them should be equally attainable for all students, regardless of size, shape, weight, age, gender, socio-economic status, or cultural milieu.

To avoid “solutions” that cause problems, new models must address without conflict all of the known, culturally-induced risk factors that promote most body image, eating, nutrition, fitness, and weight concerns simultaneously, and must make recommendations that are not at cross purposes. The *Model for Healthy Body Image and Weight* (see page xxxviii) was designed as a response to four interrelated cultural risk factors that underlie most of these concerns today. By keeping all four toxic myth clusters in mind at all times, the model successfully avoids recommendations that conflict or boomerang. These myths can be seen in the following diagram, and are described in the section that follows.



### **The Model for Healthy Body Image and Weight**

The health principles in the *Model for Healthy Body Image and Weight* provide the framework for the *Healthy Bodies* curriculum, and have also been translated into a set of *Healthy Body Building Blocks* for children (page xxxix). Each lesson teaches a concept represented by one of the *Building Blocks*.

Rather than promoting fear by warning children what to avoid, lessons teach students what to embrace to maintain health and integrity in the face of negative pressures. More specifically, each of the *Healthy Body Building Blocks* serves as an *antidote* to help children resist one of the four toxic myths. Teachers (who are themselves students of the culture) should be well-versed about the toxic myths and their antidotes before beginning to teach any of the lessons. A summary follows.

**Myth 1, based on valuing image over substance. “How I look” is more important than “who I am.” An essential criterion for the “right” look is a thin/lean body.**

Children routinely learn that *beauty is only skin deep, and you can’t judge a book by its cover*. But today’s students must be prepared to defend themselves in light of another adage: *One picture is worth a thousand words*. Since the explosion of visual media in the late 1950s, people no longer assume that other ordinary-looking people should be the basis for

comparing their looks. Instead, millions of images of extraordinarily photogenic models all chosen for a particular “look” have revolutionized the value placed on appearances in general and have created a mandate for a *slim* or *lean* appearance in particular.

As children enter puberty, it is developmentally normal for them to begin to identify less with parents regarding certain issues and more with friends, especially regarding what looks good and is considered “cool” or socially desirable. Belonging means *fitting in*, and whatever is perceived as normal carries tremendous value. Playing on this human need for inclusion, intensive marketing of a generally unattainable, slim/lean beauty ideal *as if* this look was normal, especially for girls, but increasingly boys, has been very effective in creating tremendous anxiety about appearance.

Many people are not yet aware that the *manufacturing of anxiety* about social acceptability is a purposeful marketing strategy. Insecurity about looks is a desired outcome for advertisers, who then offer products that promise to correct the perceived deficiency. Because the thin-ideal is unrealistic for most females (fewer than 3% of females have the natural physique of most fashion models, just as a sculpted, muscular physique is not common to most males), the prevalence of such images in advertising has been especially successful in generating appearance anxiety. As a result, excessive preoccupation with the “right” look, and the belief that slimness is an essential criterion for it, has become normative. In this curriculum you will find three lessons (Building Blocks) to help students develop resiliency in the face of this myth, as follows:

***For resistance of Myth #1, teach students to understand and resist body objectification:***

- Lesson 1: Acquire historical perspective on today’s body image attitudes. Understand that an emphasis on an “ideal look” is a formula for unhappiness.
  
- Lesson 2: Develop a strong sense of identity based on a balance of *inner* qualities rather than on appearance.
  
- Lesson 6: Become media literate and recognize advertising strategies. Think critically about media messages that encourage unrealistic, unhealthy body image attitudes and present low nutrient foods as the “cool way” to fulfill hunger needs.

***Myth 2, based on denial of biological diversity: Anyone can be slim if he or she works at it. Fatter people inevitably eat too much and/or are inactive. Fat is bad/wrong.***

For the thin-ideal to be widely embraced, facts pertaining to biological diversity of body size and shape must be dismissed, discounted, or denied. This denial has become pervasive. As a result children learn that fatter people “must be doing something wrong” (must be over-

eating and/or sedentary). With this belief, prejudicial assumptions regarding fatness freely develop. As a result, weight stigma has become normative, and anxiety about weight and the need to control it is rampant.

Weight may be influenced by lifestyle choices, but the idea that weight can be “controlled” through healthy means over the long term is flawed. Only behavior can be controlled, and weight is not a behavior, but rather an outcome. In fact, weight is an outcome of highly complex variables, many of which are not in our power to choose. Because of this complexity, long-term efforts to manipulate weight frequently backfire. Healthy weight for a given individual is best determined by observing the outcome of stable, healthy eating and a physically active lifestyle over time. In this light, we see that “overweight” cannot be determined by appearance alone or by comparison to an external standard, even when we see that someone is fat. Individuals who eat well and are active and fit will have normal BMIs that are diverse, showing a natural distribution ranging from very thin to obese. This curriculum contains three lessons (Building Blocks) to help students develop resiliency in the face of this myth, as follows:

***For resistance of Myth #2, teach students the biological principles growth and size diversity:***

Lesson 3: Understand normal pubescent development, including the normal, expected addition of body fat that is common during this and other developmental stages of life.

Lesson 4: Respect and appreciate the genetic diversity of body shapes and sizes.

Lesson 5: Understand how the internal weight regulatory system *limits* the extent of long-term, external control that is possible over weight.

**Myth 3, based on denial of the universal effects of externally prescribed hunger regulation: *Dieting is an effective weight-loss strategy.***

Whether for appearance or health, when a prescribed size or prevention of a size is culturally mandated, a means to attain it is needed. Because restrictive eating results in weight loss in the short run, this is routinely used as evidence to support the belief that anyone could be slim(mer) if he or she worked at it through diet and exercise. Denial of the well-documented, long-term, counterproductive effects of dieting for weight loss is essential to support the drive to be thin. Most people, including many medical providers, continue to blame a dieter’s lack of willpower rather than accept that the method is intrinsically flawed. Erroneous beliefs about the effectiveness of dieting are boldly transmitted without qualifiers side by side with the thinness schema, creating dual pressures for an unsuspecting public who have not been educated about the reliable and predictable outcomes.

Long-term efforts to “control” hunger by overriding internal hunger cues are counterproductive. Hunger demands to be fed and will subside naturally when it is satisfied. This curriculum includes one lesson (Building Block) to help students develop resiliency in the face of this myth, as follows:

***For resistance of Myth #3, teach children the facts about dieting for weight loss:***

Lesson 7: Recognize that there are predictable, counterproductive results when hunger is restricted according to an external plan.

**Myth 4, based on discounting the value of health; complacency about lifestyle choices that do not result in the desired look: *Eat, drink, and be merry! Healthy choices (for health’s sake) are too much work.***

In a social context in which appearance, the drive to be thin, denial of size diversity, and the diet mentality dominate, the importance of eating well and fitness for health and well-being is easily lost. Too many children today grow up to believe the main reason to eat well and be physically active is to control weight. But the American promise of a slim physique as the reward for a healthy lifestyle has backfired. In this light, “Why bother?” seems a reasonable response.

Likewise, when weight loss is promoted as the goal of balanced nutrition and exercise, these may seem unimportant for people who are naturally slim. This conclusion leaves this group more vulnerable to seduction by an ever expanding array of low-nutrient “entertainment foods” as the foundation for their eating. Promotion of nutritionally dense food and fitness as a means to weight loss undermines health as a value in its own right for people of all sizes.

Eating well and maintaining an active lifestyle takes time and effort. If the primary purpose is to “control weight” we can expect what we’ve gotten: a nation growing less healthy and in many cases fatter on feelings of failure or complacency. Instead, students can be taught that *health and well-being*—not size or shape—are more reliable rewards for healthy choices. With this size-neutral, non-discriminatory goal, self-respect and body esteem, as well as nutritional health and physical fitness are achievable for every student at every size. This curriculum provides three lessons (Building Blocks) to help students develop resiliency in the face of this myth, as follows:

***To resist Myth #4, teach children of every size to embrace health as a value versus size as a goal.***

Lesson 8: Eat well. Listen to internal cues, and satisfy hunger completely with a balanced variety of wholesome foods that provides the nutrients and energy your body needs. Enjoy all foods, including lower nutrient treats in ways that support your greatest purpose: a healthy, happy life.

Lesson 9: Make movement a priority. Listen to the body's need for enjoyable movement, and spend enough time and energy engaged in physical activity to maintain your body's fitness. Enjoy sedentary entertainment in limited doses that do not interfere with physical endurance, strength, vitality, and agility.

Lesson 10: Accept the diverse sizes that result from healthy choices. Look for realistic role models that help you to feel good about who you are. Resist unhealthy and unrealistic pressures about prescribed weight standards, dieting, low-nutrient food choices, and sedentary entertainment.

### **Organizational structure of the *Model for Healthy Body Image and Weight***

Teachers will notice that concepts in the *Model for Healthy Body Image and Weight* on the following page are organized into three tiers:

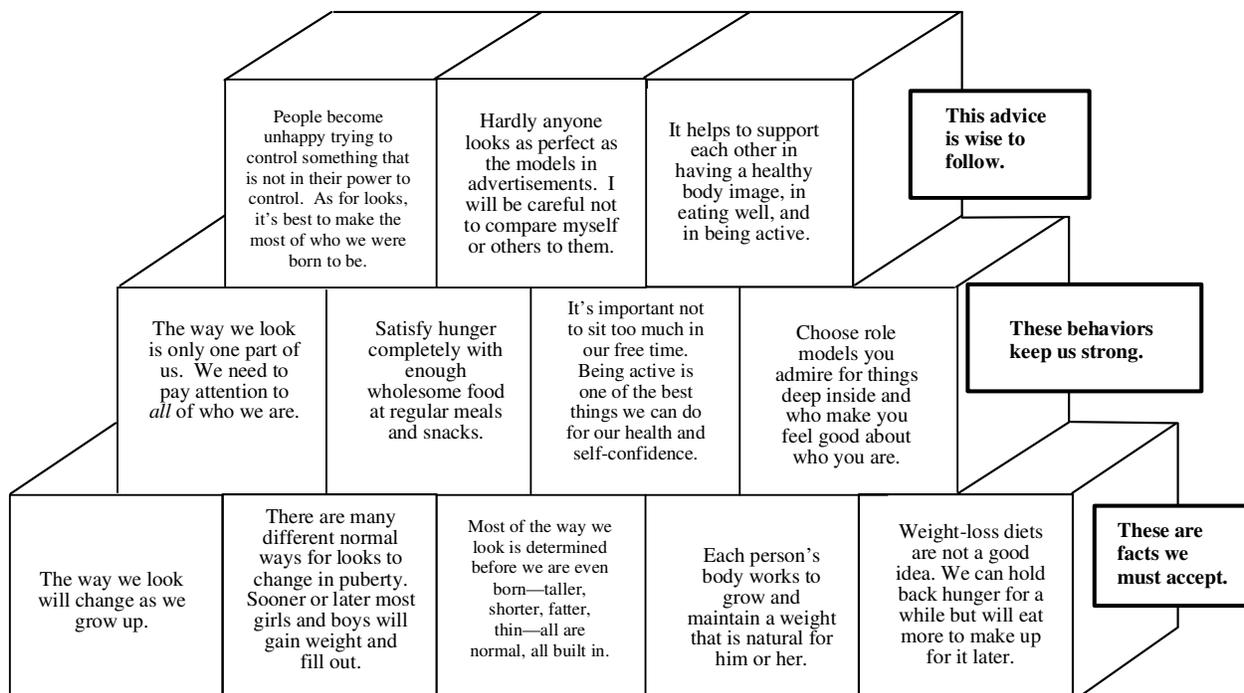
- Tier 1: Biological factors influencing size and weight that are not in our control.
- Tier 2: Behavioral choices that positively influence health and self-esteem.
- Tier3: Competencies to help students resist unwholesome cultural pressures and ideas.

***The Model for Healthy Body Image and Weight***

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

The same three-tier framework is used when the *Model for Healthy Body Image and Weight* is transposed into the child-friendly *Healthy Body Building Blocks* shown below.

### HEALTHY BODY BUILDING BLOCKS



**Printable versions of the Model for Healthy Body Image and Weight and the Healthy Body Building Blocks are available in the Supplemental Handouts section of the Appendix.**

### OUTCOME STUDIES USING THIS CURRICULUM

Outcome studies confirm that a focused body image curriculum such as this one, when presented early in children's development, can make a significant positive difference. Two published studies report measured outcomes using this curriculum:

Kater, K., Rohwer, J., and Londre, K. (2002). *Evaluation of an Upper Elementary School Program to Prevent Body Image, Eating and Weight Concerns*, Journal of School Health; Vol. 72, No. 5: 199-204.

Kater, K., Rohwer, J., and Levine, M.P. (2000). *An Elementary School Project for Developing Healthy Body Image and Reducing Risk Factors for Unhealthy and Disordered Eating*, Eating Disorders: Journal of Treatment and Prevention; Vol. 8, No. 1: 3-16.

These reports document significant positive changes in student knowledge about factors influencing body size and shape, dieting for weight loss, and critical thinking regarding media images. Student attitudes about diverse size acceptance, as well as student eating and fitness intentions, were also improved. Abstracts for these studies can be found in the Appendix.

As a follow-up to our initial pilots, students were also asked about their response to the *Healthy Body Image* curriculum. Of 222 fourth- and sixth-grade boys and girls, 72% of the students said that they liked the lessons and 79% agreed the lessons were helpful. More than half of the respondents talked about the body image lessons with a parent or guardian at home.

Comments from students included:

- “I learned to feel good about who I am and not worry about what I look like.”
- “I liked it all, but the best was you don’t have to be thin to be cool.”
- “No one is the same, and there’s no such thing as a ‘perfect’ weight.”
- “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.”
- “I know that I could never look like those models, and it’s good to learn about body image.”
- “My dream was to be a model, but now my mind may have a different idea to feed on.”

Feedback from teachers participating in the initial pilot included the following remarks:

- “I believe my own life would have been different if I had (this material) in the fourth grade.”
- “Everyday the kids asked if they got to have health. That has never happened with a health unit.”
- “I wish you could have seen how this material produced magical moments in the classroom.”
- “I questioned the need for this (at this age) until I overheard two of my (fourth grade) girls talking about feeling fat.”
- “One of my students who is quite fat came up after class and said, ‘Thank you.’ No one else had ever told her that her fatness might be at least partly genetic.”

### PART III: HOW TO APPROACH THIS CURRICULUM

This curriculum is based on widely agreed-upon prevention principles recognized by authorities in the fields of eating disorders, biological science, dietary science, pediatrics, and other health specialties. In spite of this, teachers should be aware that in today's world, several of these healthy body image, eating, fitness, and weight principals are, in effect, countercultural. This is a reflection that what we *know* to be factual and right does not always shape what we *believe*, how we *feel*, and what we actually *do*. Such is the confusing world today's students face, and the reason for these lessons.

Most men and women have been victims of and participants in perpetuating today's unrealistic beauty standard, weight stigma, as well as various ineffective, counterproductive or dangerous eating, dieting, or lifestyle behaviors. As a statistically normal group, many teachers will therefore have to face their own internal demons to teach these lessons. Do not feel bad if you struggle with these lesson concepts personally. Many of your colleagues will, too. If they do not, try to learn what has helped them to maintain their integrity regarding their diverse body sizes. In the end, if you can embrace these lessons for yourself, do it! If you cannot, then take heart in helping students so they will not have to carry such a burden of judgment when they look in the mirror or at others.

The *Healthy Bodies* curriculum is scripted with activities for grades four through six. However, the concepts taught by the model upon which lessons are based are *not* grade-specific. Many schools have adapted lessons to reinforce concepts as their students progress through high school. Evidence and observations suggest that the creation of a whole-school culture that values health over size or appearance is both possible and desirable.

#### APPROACHING THE LESSONS

**You will find perforated versions of all handouts and slides in the Appendix.** These may be removed to photocopy for student, classroom, and take-home use. Once removed, store them in a folder or three-ring binder. You will also find supplemental handouts and overheads that may be used for a parent or community education event.

**The following points should be considered in approaching this curriculum.**

- **Because this *Healthy Bodies* curriculum challenges prevalent cultural beliefs about body image, eating, and weight, the approach needed is somewhat different from that used with other new curricula.** Given the many loaded issues and myths about weight, fat, food, and bodies in our culture, it is likely you will be faced with your own, your student's, and their parent prejudices and questions. To prepare for this, you will need a

working knowledge of the new paradigm that is presented and all the concepts that are included before you begin.

- ✓ **Teachers should read the entire manual and be well acquainted with the model, plus the objectives and rationale for *all* lessons in this curriculum prior to presenting any of the lessons to students or prior to selecting portions to integrate into existing classroom curricula.**
- **Plan to teach *all* of the concepts.** Culturally supported attitudes are resistant to change, and education for the purpose of changing unhealthy but entrenched attitudes has unique requirements. Most importantly, presentation of a healthier perspective and approach must be *comprehensive*, covering the topic from all angles to include all of the concepts that support the whole, new model. While the material from each lesson in this curriculum can theoretically stand alone, if some lessons are taught while others are skipped, students and their families will be at risk for yet another distorted "big picture" regarding body image, eating, nutrition, fitness, and weight.

For example, lessons arising from the *Model for Healthy Body Image and Weight* teach students the biological basis for size and weight. But size acceptance does not mean complacency about healthy lifestyle choices. It is therefore of equal importance to teach students about the means to health, regardless of size, through wholesome eating and fitness. All lessons concepts work together to support a whole new model for healthy body image, eating, fitness, and weight. Teachers should understand that concepts presented in later lessons are not less important to the overall model than earlier lessons but rather are different parts of the whole, new paradigm.

- ✓ **Despite the time constraints, no core concepts from any lesson should be completely skipped. Some lessons may be successfully combined. If concepts have been covered in previous curricula, they should at least be reviewed didactically in the context of this *Healthy Bodies* unit.**
- **If at all possible, plan for a *whole-school approach* to this curriculum.** Teachers have consistently reported that students embrace these curriculum lessons enthusiastically. However, in the face of prevalent norms and pressures that continue to encourage unhealthy body image, eating, nutrition, fitness and weight concerns, students will need additional support to maintain their wisdom. Schools in which administrators, school staff, and teachers as well as parents are on-board with the concepts conveyed in this curriculum will be far more likely to succeed in the long term.
  - ✓ **You will find guidance for a *whole-school approach* to promotion of healthy body image, eating, nutrition, fitness, and weight in the Appendix.**

- *Healthy Bodies* lessons are cross-disciplinary. Lessons may be integrated into existing science, social studies, history, literature, family life and consumer science, and health teaching blocks. The Table of Contents identifies the appropriate discipline for each lesson. Teachers should plan to complete all of the lessons within a discrete time to allow students to integrate the concepts into a dynamic whole.

Materials in this curriculum may overlap slightly with lessons already being used in the classroom on puberty, nutrition, fitness, and the impact of mass media. However, it is not safe to assume your existing classroom curriculum covers the same concepts taught in these lessons. Teachers should look closely to determine how concepts differ from or add to existing curricula. The critical difference is in the integration of the new paradigm or understanding what can and cannot be controlled about body size and shape and internal hunger cues.

- **If necessary, change your thinking about the size of your students, fat or slim.** It is not a goal of this curriculum to reinforce slimness or to help fat children lose weight. If you have this goal, you are no doubt well-intentioned. However, the wish to help anyone lose weight is based on an assumption that visible fatness inevitably means overweight rather than diversity, that fat children cannot be healthy, and especially, that a focus on weight loss (versus healthy behaviors) can be effective. Fatness that is a by-product of excessive high-calorie/low-nutrient eating and a too-sedentary lifestyle can be a serious concern. However, few teachers are in a position to diagnose this. Instead, teachers are in a wonderful position to help *all* students, regardless of weight, to:
  - Embrace who they are and stay connected to their authentic selves.
  - Accept and respect their own and each other's genetic diversity.
  - Resist negative cultural pressures.
  - Expand their notion of health to include vitality and energy, strength and stamina, flexibility and mobility, and metabolic fitness—that which will empower them to enjoy and be productive in life without regard to size.
  - Embrace this new notion of health as a value and develop incentives to make lifestyle choices that support it.
  - Care for their bodies and be motivated to choose behaviors that will enhance their health and generate confidence that they are the best they can be.
- **Include Home Education:** Send your own letter and/or the *Letter to Parents and Guardians* (see Appendix) to introduce this unit to students' families. Alert parents to look for and read the take-home materials. Family education on this topic is critical. Ideally, a presentation would be provided for parents, although experience shows that many who need it most may not attend. Because parent education may not be realistic, all the handouts, activities, and worksheets are designed to serve also as family education. Consider using the Home Education slips (see Appendix). These can be sent home to be

signed and returned, indicating that the material has been shared with at least one adult. You may wish to add incentives for sharing the material with more than one adult (grandparents, cousins, etc.)

- ✓ **Watch for a new companion book by Kathy Kater that presents all of the concepts in the *Healthy Bodies* curriculum in an easy-to-read format for parents and others. Recommend this book to the parents of your students, or even encourage a book discussion event.**
  
- **You may want to create an enlargement of the *Healthy Body Building Blocks* to display for classroom use** (see Appendix). This can be introduced at the close of Lesson 1 when students begin to construct their own models to take home. The *Building Block* concepts for each lesson are also printed on the Home Education slips for caregivers. It is hoped that these will become imprinted in the minds of students, who may use them to resist unrealistic cultural contradictions.
  
- **Teach to students' developmental levels and reinforce lessons as students progress through higher grade levels.** Given the developmental level of fourth grade students, teachers experienced with the *Healthy Bodies* curriculum recommend teaching the lessons during the second half of the year but early enough to satisfactorily complete the entire unit. In contrast, sixth graders may be most receptive to lessons presented in the first half of the school year.

As with any prevention model that challenges cultural factors that support disease, an initial inoculation is not sufficient to sustain resiliency.

- ✓ **Schools should plan to reinforce the concepts in the *Model for Healthy Body Image and Weight* as students progress through middle school and high school. While no separate guide is available for this purpose, many teachers have successfully adapted these lessons for use with students through college age.**
  
- **Some elementary-age students will be savvy about eating disorders. You may have a student in your class who has been diagnosed with or who has shown signs of an eating disorder.** If students comment about the relationship of these lessons to eating disorders, respond in an honest, nonjudgmental but minimalistic manner that does not describe eating disorders. Unfortunately, descriptions of eating disorders, however well intentioned, have too often planted the seed for these disorders in high-risk children. For example, you could safely say, "Eating disorders are very dangerous problems. These can occur if people have trouble embracing the *Healthy Body Building Blocks*."
  
- **Be prepared for some pre-pubescent students to be squeamish when faced with talk about their changing bodies.** This appears to be developmentally normal, at least among

American students. The more comfortable *you* can be in speaking confidently and reassuringly, while simultaneously respecting individual differences in modesty, the easier it will be for those students who may otherwise feel embarrassed. Students should never be made to feel embarrassed about feeling embarrassed. Consider your particular class when deciding whether to provide for gender-separated discussions for Lesson 3.

- **While some teachers may consider combining these lessons with a Family Life Unit (sexual education), there are good reasons *not* to do so.** It is likely that students will feel freer to talk about body changes as well as size and shape when this topic is not paired with (and therefore “loaded” by) sexual content. This appears to hold true even for middle school and high school students. Based on results from field tests, students participate more fully when the two topics are kept separate.
  
- **Consider teacher interest.** While this curriculum teaches a straightforward knowledge base, it also does and should provoke discussion of attitudes and cultural myths. Therefore, teachers who are simply not interested in or comfortable with the subject area should not teach it. Consider creative options. For example, consider dividing the lessons between two or more teachers according to discipline. Teachers interested in science can teach those lessons, while teachers loving literature, social studies, health, etc., can take others. If this is done, time the presentation so that the unit cohesion is maintained.

## DISCLAIMER

This curriculum addresses most of the known reasons why medically healthy students develop negative body images as well as poor and disordered eating behaviors. If a child is not getting basic needs for safety, physical care, positive attention, limit-setting, mentoring, and other essentials of healthy development—including the time and space to be a child—then he or she will be “hungry” in ways that are beyond the scope of these lessons. Some of your students are more “emotionally hungry” than they should have to be. You alone will be able to “fill them up” any more than they could themselves through use of food for “comfort.” Nor can you insulate them more than they might attempt for themselves through denial of their hunger. These students will be at risk for other harmful or self-limiting behaviors as well. But do not doubt the power of caring and talking to students about what they wrestle with in their hearts. Naming and correcting cultural myths that reinforce their self-blame will not be all they need, but it may be more helpful than you will know.

## LESSON ORGANIZATION

Each *Healthy Bodies* lesson is organized as follows:

1. TITLE AND *HEALTHY BODY BUILDING BLOCK*
2. BACKGROUND INFORMATION FOR EDUCATORS
  - Lesson objective

- Background
- Desired outcomes for students
- Concepts needed to teach this lesson
- Critical concepts
- Vocabulary
- Materials needed
- Lesson summary

3. SUGGESTED LESSON SCRIPT

4. HANDOUTS AND OVERHEADS (see Appendix for perforated versions to copy)

**HEALTHY BODIES  
LESSONS**

