PREFACE
HEALTHY BODY IMAGE
Second Edition

Beyond Prevention of Eating Disorders

Many will assume this curriculum was designed to prevent eating disorders and/or stem the rising tide of obesity in young students, but this would miss a much bigger picture. While too many children will suffer a diagnosable eating or weight disorder, almost *all* children growing up today—particularly the vast majority of girls—will become anxious and/or dissatisfied with their body size and shape and will learn to make unhealthy, nutritionally inadequate, counterproductive, and even dangerous lifestyle choices as a result. Primary prevention efforts are therefore needed to target the seedbed within which the full spectrum of body image, eating, nutrition, fitness, and weight problems take root and grow. In response, the *Healthy Body Image* curriculum was developed to prevent or reduce the influence of insidious risk factors that diminish the body esteem, well-being, and health of the vast majority of children today, regardless of size.

First, Do No Harm

While most body image, eating, nutrition, fitness, and weight disorders are cultivated in the same, increasingly "toxic," cultural environment, these problems have generally been regarded separately when it comes to prevention and intervention. It has become progressively clear that this approach is counterproductive, resulting in recommendations that are frequently contradictory, and thereby contribute to long-term problems. The end result is an *increase* in body image, eating, nutrition, fitness, and weight problems that affect ever-younger children. With an upsurge of headlines announcing a "war on obesity," and an increase in generalized advice to the American population to "lose weight," a reminder about the directive to "first, do no harm" has never been more urgent. This *Healthy Body Image* curriculum is specifically designed to take into account all known factors contributing to the full spectrum of body image, eating, nutrition, fitness, and weight concerns, and to pro-actively teach children a model for long-term health that is realistic, non-contradictory and non-discriminatory. The model upon which the curriculum lessons are based provides both goals and the means to reach them— healthy body image attitudes and healthy lifestyle choices—that are equally attainable by all, regardless of size, shape, cultural and socio-economic background, genetic predisposition, or gender.

Teachers should carefully read the introductory chapter, entitled *Background for Educators,* in order to become very well acquainted with the new paradigm these lessons teach and why a new approach is critical to avoid causing new problems with short-sighted solutions. In fact, schools and organizations are advised to make this background section 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 in students' educational environments.

Targeting the Risk Factors That Are within Our Power to Change

Several risk factors for body image, eating, nutrition, fitness, and weight problems have been identified in recent years. Most of these fit into one of two fairly distinct categories: 1) those arising out of the cultural context (this includes the wider culture but also family and micro-cultures), and 2) individual factors, including the innate constitution or biological predisposition that a person brings to that context. While studies have shown that social context alone is enough to generate body image, eating, nutrition, fitness, and weight problems, 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 this environment. On the other hand, the existence of predisposing factors are not, by themselves, likely to result in body image, eating, nutrition, fitness, or weight problems without exposure to particular environmental risk factors, or triggers. This is illustrated in the following graph:

Presence of cultural risk factors for body image, eating, nutrition, fitness, and weight problems		⟹	⟹	*Good likelihood* that body image, eating, nutrition, fitness, and weight problems will develop.
Presence of cultural risk factors for body image, eating, nutrition, fitness, and weight problems	**+**	Presence of innate vulnerabilities	⟹	*Greater likelihood* that serious body image, eating, nutrition, fitness, and weight problems.
No or few cultural risk factors for body image, eating, nutrition, fitness, and weight problems	**+**	Presence of innate vulnerabilities	⟹	*Not likely* that body image, eating, nutrition, fitness, and weight problems will occur. (Vulnerabilities may be expressed in other ways.)

While it is important to recognize and respond to innate vulnerabilities, 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. Challenging a set of unhealthy norms that promote significant body image, lifestyle, and health problems for nearly everyone is the goal of this curriculum. Although this task can seem daunting, creating micro-environments (classrooms or schools) that support new and positive attitudes and behaviors should not be underestimated as a change agent.
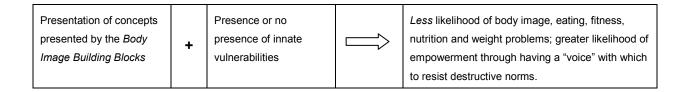
The goals of the *Healthy Body Image* curriculum have been actualized in the past several years by many teachers across the country, demonstrating that teachers and students together can create an environment that contrasts positively with the wider culture. Outcome studies, conversations with veteran teachers and their students, and observations of classroom settings reveal how this is working. Students who have learned the *Body Image Building Blocks* talk openly and non-judgmentally among them-

> *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**

selves about size diversity (taller/shorter, fatter/thinner), and matter-of-factly discuss the value of attention to deeper qualities (versus placing 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 occurs for so many in our culture: people comparing themselves year after year 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 diversity. Projects such as the *Identity Mobile* (from Lesson 2) hang from the ceiling, and books are displayed that reflect acceptance of a variety of healthy sizes and shapes, body esteem, and the value of nutrition and fitness for every body. The result is as follows:

Presentation of concepts presented by the *Body Image Building Blocks*	**+**	Presence or no presence of 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 educational and empowering to students, despite their awareness that outside of their classroom, even in their school and in their homes, many have not had these 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 walked daily past 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 about looks as they move into their teen years. Still, they state their belief that these *Healthy Body Image* lessons will help them along the way. A video of fifth-grade children talking about their experiences with the *Healthy Body Image* curriculum is available at cost from the author for limited viewing. (See the Appendix for contact information.)

The Primary Cultural Risk Factors for Body Image, Eating, Fitness, Nutrition, and Health Problems

The cultural risk factors known to contribute to body image, eating, fitness, nutrition, and weight problems include the following set of pervasive values, beliefs, and responses:

- **Image is valued over substance:** *"How I look" is more important than "who I am." An essential criterion for the "right look" is a thin or lean body.*

- **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.*

- **Denial of the universal effects of externally prescribed hunger regulation:** *Dieting is an effective weight-loss strategy.*

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- **Discounting the value of health; complacency about healthy 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.*

Students growing up today are exposed from an early age to these risk factors through multiple interpersonal and media channels. In fact, children and adults today are so universally bombarded with messages promoting body image, eating, fitness, and nutrition problems that few escape the effect. It is important to note that all of these now normative values or beliefs directly conflict with basic biological facts and/or principles that support healthy body image and health in general. The result is a population who, by and large, worry more about size and the drive to be thin than wellness and vitality while paradoxically growing fatter by the decade.

The majority of females of all ages and sizes in Western cultures learn to incorporate this negative set of attitudes, beliefs, and behaviors into their daily lives, even those who intellectually "know better," i.e., reject the premise as invalid, unrealistic, unhealthy, and unhelpful. Males, many of whom have learned to tolerate, endorse, or push unrealistic expectations of females based on this set of beliefs, are now applying similar standards to themselves.

> **Reclaiming health as a goal.**
>
> As the thin-ideal and the drive to be thin have become normative values, the concept of "health" as a core value has been gradually lost or re-constructed. Instead of strength, stamina, flexibility, vitality, and vigor (including metabolic fitness and nutritional soundness), a more slender or lean appearance is routinely the primary objective. This value shift has been accepted even if the means to achieve a reduced size defy principles of health, biological diversity, and internal hunger regulation. The disappearance of hardiness and heartiness as key values undermines the welfare and well-being of our population. The *Healthy Body Image* curriculum teaches 1) that health is a primary goal that should not be sacrificed for the sake of appearance, and 2) the lifestyle choices and attitudes conducive to achieving it.

Fortunately, since all of these risk factors are imbedded in the culture, change, while difficult, is possible. Lessons designed to counteract their influence through promoting positive, healthy attitudes and choices 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 even in the face of toxic cultural pressures. The *Healthy Body Image* curriculum is designed as a tool for this purpose.

Changes in This Revised *Healthy Body Image* Curriculum

Those who are familiar with the first edition of this curriculum will find this revision to be familiar. The *Model for Healthy Body Image* upon which it is based is unchanged, and lessons include most of the same activities. There are three major differences: 1) The *Background for Educators* has been expanded to address the health concerns resulting from inactivity and excessive high-calorie/low-nutrient eating that have increased exponentially in recent years. *Healthy Body Image* lessons have always targeted prevention of unhealthy weight gain, inadequate nutrition, and poor fitness habits as well as prevention of body image problems and

unhealthy dieting behaviors. That comprehensive purpose is now more clearly and explicitly expressed. 2) While feedback from teachers of the *Healthy Body Image* curriculum has been positive, suggestions for minor changes from those experienced in teaching the lessons have been incorporated. 3) The overall formatting and presentation of the curriculum has been simplified and reorganized. Several auxiliary pages that were previously found in the front of the manual have been moved to the Appendix. In addition, rather than a three-ring binder, a bound book with perforated handouts and overheads that can be removed for photocopying protects the physical integrity of the manual. (Perforated pages may be found in the Appendix.)

Updated Empirical Basis for This Curriculum

For those wanting to examine the scientific basis for the concepts taught in this prevention initiative, an extensive reference section is included in the Appendix. While much remains to be understood, even more has been learned about the risk factors for unhealthy body image, eating, nutrition, fitness, and weight problems since the first edition, pointing the way to promising methods of prevention. Research has demonstrated that it is possible to help children to develop a healthy body image and positive lifestyle habits at an early age, in addition to helping them to resist conflicting socio-cultural messages as they progress through middle school. In turn, the primary purpose of eating and movement for health, energy, and satisfaction can be protected. Curricular interventions using a combination of cognitive and experiential education methods are most effective. That said, studies further show that a systematic, *whole-school*, family, and community education effort will result in the best outcome (for more information about a *whole-school* approach, see the Appendix.)

Outcome Data

Outcome studies using this curriculum have been promising, measuring significant positive change in student attitudes, behaviors, and knowledge. Information about two published reports can be found in the *Background for Educators* as well as in the Appendix.

Anecdotal Basis for This Curriculum—Beyond the Numbers

The *Background for Educators* presents the empirical need for lessons included in this curriculum. The following quotes more personally illustrate the problems this curriculum is designed 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 I 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 I can't wait to eat some junk food.

—Sixteen year-old girl

I played soccer four or five times a week all year, and I ate better than almost anyone I know. But then my coach 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 try to 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

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-any-standard eighth-grade girl

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 was excited because 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 treats 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 clinically obese registered nurse in psychotherapy for depression

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?

—Normal-weight thirteen-year-old girl

I hate my body. Really. I just hate it. I have ever 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 6th grade. But then everyone else hated theirs, so I thought I should too.

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