

HEALTHY BODY IMAGE

Teaching Kids to Eat and Love Their Bodies Too!

Second Edition

**Promoting healthy body image,
eating, fitness, nutrition, and weight**



**A comprehensive resource
manual and lesson guide
with scripted-lessons and activities
for grades four, five, or six**

KATHY J. KATER

Healthy Body Image
Teaching Kids to Eat and Love Their Bodies Too!
Second Edition

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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 healthy weight. Readers and students of this guide are advised to seek care from a doctor or other appropriately trained professional for concerns related to a medical condition

Actually, I felt pretty good about my body until about sixth grade. But then everyone else hated theirs, so I thought I should, too.



A culture is formed by the stories its children are told.

Healthy Body Image
MISSION STATEMENT

*To empower boys and girls
to maintain positive body esteem
based on recognition 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, nutrition, fitness, and weight.*

*To inspire boys and girls to develop a stake
in wholesome eating and physical fitness.*

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

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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)

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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 in regard to size and shape. Students will identify characteristics of their own personal genetic heritages.

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

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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, students will learn that, if everyone ate exactly the same food and was active in exactly the same ways, 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)

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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 109

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 how much to eat.

LESSON 8: Eating Well for Confidence in a Healthy Weight (Health) Page 123

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

Students will learn the first part of a two-part equation for confidence in a healthy weight. They will learn that eating well for nutrition, energy, satisfaction of hunger, and enjoyment is needed to discover a healthy weight that is right for them. Students will examine whether they are eating enough nutritious food.

LESSON 9: Physical Activity for Confidence in a Healthy Weight (Health) Page 143

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, to feel confident of health, physical activity must be paired with eating well. They will gain historical perspective and see that in modern times sedentary lifestyles easily occur by default. Students will see the value of fitness for everyone and examine their own daily activity levels. They will also learn that, while aerobic activities produce health benefits, the idea of “no pain, no gain” is a myth.

LESSON 10: Compared to Whom? Selecting a Standard for Choosing Role Models (Health) Page 163

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.

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ACKNOWLEDGMENTS

This *Healthy Body Image* curriculum would not exist were it not for the ongoing efforts of literally hundreds of colleagues around the world who have dedicated their time to research, treatment, education, publication, and a joint effort to prevent the full spectrum of body image, eating, nutrition, fitness, and weight problems. However, I am particularly grateful to Michael Levine and Margo Maine for taking precious time away from their already overloaded schedules to provide meticulous and judicious feedback on the revised manuscript for this edition. The exceptional contributions that each of these two individuals has made to the field of eating disorder treatment, prevention, and research seems incalculable, but their warm collegiality, generous leadership, humor, and perseverance are beyond measure as well.

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I am indebted to the vision and commitment of the board and staff of the National Eating Disorders Association (NEDA), who believed in and piloted the production of both the original publication of *Healthy Body Image* in 1998 and this revised edition. At the NEDA central office Tracy Kahlo Tonia Brown, and Kari Augustyn in particular committed time and skill to the endless details, decisions and arrangements that turn a manuscript into a publication.

As was true for the original manual, it is my clients, young and old, whose struggles drive my search for effective ways to challenge the destructive, cultural forces that they and we all face. 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.

Finally, I am unspeakably thankful to my family—Lincoln, Adam and Anya—for their enthusiastic support of my work and willingness to take over many of my chores during the final phase of editing.

PREFACE TO THE REVISED *HEALTHY BODY IMAGE CURRICULUM*

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 been taught the *Building Blocks for Healthy Body Image* talk openly and non-judgmentally

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

among themselves 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 <i>Body Image Building Blocks</i>	+	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.
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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.*

- **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

BACKGROUND FOR EDUCATORS

Body image, eating, fitness, nutrition, and weight problems are pervasive in our culture and affect children at increasingly young ages. At a time when they should feel secure in their body's growth, most children today learn to worry about size, shape, and weight and to make choices that cause the very problems they wish to avoid. The results diminish the self esteem and integrity of growing bodies and egos, as well as consuming attention and energy that should be available for other important developmental tasks. Ironically, as the drive to be thin and dieting for weight loss have consumed our population, America has become the fattest nation on earth. In four decades, the thinner we have tried to be, the fatter we have become. Clearly something is wrong with our approach.

Headlines draw our attention to debilitating eating disorders and the rapid rise in obesity. But underlying these extremes are the culturally propagated seeds for body image, eating, nutrition, fitness, and weight problems that negatively affect virtually *all* children today. It is these environmental risk factors that must be the focus of our educational efforts. It is important to note that students would not need a curriculum such as this one in an setting in which body esteem, respect for size diversity, internal hunger regulation, wholesome eating and physical fitness were well 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 unhealthy perspectives and behaviors. These messages have an especially negative effect as children experience the natural reshaping of their bodies that comes with puberty.

Body-angst, eating, fitness, and weight problems are extremely difficult to reverse once they are established. We now know enough about the toxic cultural 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 *Healthy Body Image* curriculum is designed to positively and proactively support that objective.

These introductory pages provide the background that is necessary to teach this *Healthy Body Image* curriculum. Teachers should read the *Background for Educators* 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, nutrition, and weight problems that routinely affect students.

Part II: Describes the cultural risk factors that encourage body image, eating, nutrition, fitness, and weight problems and presents the *Model for Healthy Body Image* that was developed to challenge these risk factors. This model provides the foundation for the *Body Image Building Blocks* presented in the *Healthy Body Image* lessons.

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

PART I: THE SPECTRUM OF PROBLEMS

The following interrelated topics will be addressed in this section:

- A. Negative body image and the drive to be thin
- B. The rising rate of overweight and obesity
- C. Poor nutrition and lack of fitness at every size
- D. The purpose of this *Healthy Body Image* curriculum in addressing this spectrum of problems

A. Negative body image and the drive to be thin

The effect on females

It is rare for adolescent girls to feel content with their natural bodies. Between 70% to 80% report unhappiness with their shape 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, the current emphasis on physical beauty for women and the pressure to be thin in order to achieve it is unprecedented. In response, attempts at weight control through various methods of restrictive eating have become the norm. Up to 70% of teenage females report they have engaged in restrictive eating practices to attempt control or loss of weight. By comparison, in the early 1960s similar attitudes and behaviors were measured in the 30% to 35% range.

Body image, eating, and weight concerns have proliferated in a social context that equates desirability in females with appearance, and the “right look” with a lean body that is unrealistic for most. Given this environment, we cannot be surprised at the prevalence of negative body image among girls. In light of cultural norms, it is *adaptive* for them to become anxious about and dissatisfied with their naturally developing, fuller shapes. Studies have documented the following statistically normal developmental sequence for this adaptive process. The sequence:

- begins with internalization of Western culture’s unrealistic thin-ideal.
 - progresses to body dissatisfaction, “feeling fat” or fear of becoming fat.
 - leads to dietary restraint for weight loss (or in hopes of preventing weight gain).
 - results in the expected and predictable consequences of dieting for weight loss: preoccupation with food, compulsive- or binge-eating problems, and regaining of weight.
 - focuses attention on feelings of failure and/or heightened fear of fat.
 - begins again.

In today's culture it is normative for females of all sizes to learn to feel dissatisfied with their natural size, weight, and shape and to fear that their hunger will make them unattractive (fat). This attitude is reflected by this statement from a 22-year-old victim of bulimia:

*Actually, I felt pretty good about my body until about sixth grade.
But everyone else hated theirs, so I thought I should, too.*

It should be clarified that most girls and women in our culture, not just those who are visibly fatter, either "feel fat" and develop the accompanying self-condemnation, or they fear becoming fat. In fact, there is indication that some relatively slender girls who see "perfection" as only a few pounds away may be more likely to use manipulative eating practices 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!

Younger children are affected

Once considered to be a problem of college-age, and then high school, females, now the vast majority of third- to sixth-grade girls, biologically primed for their pubescent growth spurt, say they are "very afraid of gaining weight." Almost half, regardless of size, say they would "like to lose weight," and one-third of girls this age acknowledge they have already tried restrictive dieting. Even kindergarten teachers say they hear their young students mimicking the fat-talk of their elders. Whether or not such young children fully understand their own words, clearly they are learning the language of fat-phobia. These children are not learning to feel integrity in their bodies, to trust inner cues about what they need, or that we want them to eat 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 stomachs, and to set themselves on a course in which weight loss and gain are a central focus of their lives.

Boys are not exempt

Body scrutiny for boys in our culture is gradually following the path previously prescribed for females. Still, surveys show that important differences between boys and girls remain: fewer boys feel bad, 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. While surveys show that boys increasingly have an aversion to becoming fat, unlike girls they rarely describe themselves as being or feeling fat unless there is visible, objective evidence to support that description.

Coping styles for boys are also different. Studies show that boys are not as likely as girls to take it out on themselves if they feel their appearances are not ideal or are merely "Ok." In particular, this perception is less likely to affect overall self esteem, 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 look 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 are inevitable with long-term use.

Finally, boys are vulnerable and at risk for adopting unrealistic and distorted expectations of girls when only unrealistic, idealized images of females are presented as acceptable and desirable. “Image is everything!” and the thin-ideal puts both girls and boys at risk.

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 diverse 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 conditions improve among minority groups, so apparently does anxiety about weight and identification with the current “ideal” female role model: five-foot seven-inches tall and 110 pounds. Certainly the process of acculturation—the identification of a small group with the values of the larger group—has taken a toll on many ethnic minorities and immigrants to Western cultures. Integration into mainstream society generally includes adoption of the prevailing standard of thinness and perceived pressures to diet.

The idea that the drive to be thin is for White kids 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 this one suggest a change: *Anorexia Takes Hold in India* (British Broadcasting Company, 2003). Diet disorders have increased exponentially in places like India, Venezuela, the Philippines, and Mexico. So, too, have they increased in the inner cities, rural towns, and ethnic communities across the USA.

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 model. This curriculum echoes and affirms that wisdom.

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

Many people believe that, unless body image and eating problems progress to a diagnosable eating or weight-related disorder, there is not so much cause for concern. But how students feel in their own skins is not trivial. Negative body image costs our children, our families, and our society at large in several important ways:

1. Time, attention, energy, self esteem and money drain

Body dissatisfaction is a significant distraction, consuming a tremendous amount of energy and attention that children need for more important developmental tasks. Self-consciousness feels bad, provoke feelings of shame, erodes self esteem, and makes it difficult to concentrate. Students who routinely worry about their size and shape 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 self-consciousness hampers children's ability to focus on academic, social, and character development as well as other important skills and events.

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 voices, our culture's emphasis on superficial appearance teaches children to worry more about how people will judge them.

Today's 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 considered 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 nutrition and spiraling fatness

Negative body image is a primary risk factor for many of the nutrient-deficient eating habits that are now routine for many Americans. Instead of holding good nutrition and health as the highest priority, eating or not eating is done in hopes of achieving a particular body size or shape, or to sooth disappointment when these efforts fail. Eating habits that disregard the primary purpose of eating for nutritional sustenance, energy, and satisfaction of hunger severely test the functioning of the internal weight regulatory system. When adolescents swing from restrictive eating one day to “junk food” overloads the next, they routinely miss important nutrients, frequently add pounds, and lose touch with what it means to eat normally.

4. Eating disorders

Feeling fat and the dieting behaviors it spawns 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 anxiety disorder, perfectionism, and/or obsessive-compulsive traits, all of which are believed to have a genetic basis. However, a person with this type of predisposition is not as likely to develop an eating disorder without exposure to the thin-ideal and pressures to restrict eating for weight loss.

While only about 6% of adolescent girls and 1% of boys will progress in their body image concerns to a restrictive- or binge-eating disorder, the *vast majority* of young students today will be negatively affected by our culture’s thin-ideal. Increasing anxiety about appearance, obsessive inner dialogues about weight and shape, and the consequences of restricted, defiant, or complacent eating are serious problems that interfere with important emotional and health needs for most 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 physical attractiveness. Looks do matter. In the American social context, almost any degree of visible fatness is considered to be unattractive, 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 girls’ 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 celebrated as the start of a new stage of growth, self-consciousness, preoccupation, anxiety, and often hunger (from dieting to ward off normal development) 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 silenced by pressures to acquire the “right look.” “Good” students of the culture will learn to suppress their individuality, to view themselves as objects, to adopt the drive to be thin and to suffer the negative body esteem this spawns. The long-ranging effects into adulthood are well documented.

B. The rising rate of overweight and obesity

Awareness and concern about negative body image and the drive to be thin in children are growing. But given coinciding trends, a frequent question seems almost to counter this: *Aren't a slender-ideal and a self-critical eye regarding fatness needed to prevent unhealthy weight gain?*

This question is best answered by a second one: Have a pervasive focus on weight, fear of fatness, critical body scrutiny, and the drive to be thin kept us lean? Since 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 before. 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 routinely cycle on and off of various weight-loss plans, and they are being joined by a growing number of men who diet and exercise in an effort to shed fat. Yet, Americans as a group are fatter now than any population has ever been.

Since the drive to be thin and efforts to lose weight have become pervasive, the incidence of overweight and obesity has more than doubled. When adjusted for changing standards, the number of Americans considered overweight has risen from somewhere around 14% in the 1960s to over 50 % today. At this rate of increase, statisticians tell us the nation will be 100% overweight by 2030. *Clearly weight loss or even weight control as a goal has failed and continues to fail.* It is critical to understand the complex set of factors that hinders this objective in order to avoid inadvertently contributing to the problem.

Dieting as a solution

There is widespread agreement that, for those who want to lose weight, dieting (eating according to a prescribed plan to limit food intake with the goal of weight loss) should be part of the formula. As previously noted, dieting has become a normative eating style in the United States.

The diet mentality remains strong despite significant empirical data and clinical outcomes showing that restricting calories or food groups for the purpose of weight loss is counterproductive for weight loss in the long run. In fact, for mentally well individuals, dieting for weight loss reliably produces results that are not only contrary to sustained weight loss but frequently result in weight gain. Studies show that dieting behaviors consistently and reliably lead to:

- An increased preoccupation with food and 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 when restraints on eating are removed.
- Compulsive or binge rebound-eating that may persist for some time once the diet is ended.
- Disruption of the normal internal hunger regulatory system 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, given the normal, expected response to dieting over time, weight that is lost is predictably regained. Conservative estimates say that at least 90% of people who lose weight through any type of weight reduction plan ultimately regain it and often with added pounds. Even so, since dieting is generally viewed as part of the “solution” for weight loss, most dieters resume their efforts again and again. Over time, diet cycling results in significant weight gain over and above the starting weight for many chronic dieters. Efforts to lose weight through dieting are therefore not merely ineffective but are actually harmful, contributing to long-term problems for a significant number of people.

Because restricting calories (by any means—restricting overall intake or selected food groups, such as carbohydrates) 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 routinely follows. Even many health-care-providers remain uninformed or discount the evidence against dieting as a weight-loss strategy. For example, a study published in *Pediatrics* (2003) followed 15,000 dieting and non-dieting boys and girls, ages 9 to 14, for three years. In the end, 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. Despite such warnings, prescription of diets for weight loss continues, 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 as more and more chubby children test positive for type-two diabetes, high blood pressure, cholesterol, and other ailments. But a careful history of obese adults reveals that many can trace a pattern of disordered eating to diets that were urged on them by well-meaning adults when they were children. Prescribing a diet 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. Teaching children of any size that weight loss should be their goal and that a diet plan is the means to achieving it is a dangerous, reactionary response, swinging the pendulum to a dysfunctional alternative that is not benign. Following the maxim, “do no harm,” a more effective approach is imperative.

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 satisfy hunger fully with a variety of wholesome 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 8 specifically demonstrates to children why dieting for weight loss is not generally successful in the long run and may actually cause problems. 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 then might say, “Your health-care-provider and parents want only the best for you. It’s possible they may not be 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.

The “obesigenic environment”

Many things have changed in the four decades during which the drive to be thin and dieting for weight loss became normative. Alongside marketing of 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 a bigger and bigger share of the American food market. Simultaneously, new sedentary work and entertainment options have come to occupy more daily hours than ever previously imagined. Without a doubt, the explosion of fast-food, entertainment-food, and ready-made or easy-to-prepare processed-food markets has resulted in very real changes in the eating style and quality of food eaten by the average American. This environmental change certainly supports less wholesome lifestyle choices that may result in unhealthy fatness for many, and diminished health for most.

There is little argument that the availability, portability, attractive packaging, great taste, and a cheap price have made an abundance of generally calorie-dense/nutrient-deficient pre-prepared foods widely and wildly appealing to children as well as to most adults. By comparison, most whole, unprocessed groceries and fresh produce and meats are usually available only at higher cost at grocery stores or markets situated in locations that are often not within easy walking distance of homes, schools, work, or recreational sites. Once purchased, these foods may 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.

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 wholesome eating and physical activity. That said, a dangerous perspective emerges when concern about *lifestyle choices* is redirected and *fatness* is instead identified as the problem. Not only does this add fuel to fat-phobia and encourage weight loss as the goal; it implies that weight (which is not a behavior) can be chosen or controlled and that health is dependent on size.

Belief that weight is a choice

American children as young as five believe that, if an individual is fat, he or she eats too much and exercises too little. The belief that fatter people are inevitably doing something wrong and that they should lose weight is normative in our population. However, this assumption 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. This includes not only bone structure but also fat-to-lean body-tissue composition, the location of fat stores, and metabolic rate. This does not mean that weight cannot be *influenced* by lifestyle choices—clearly the increasing rate of fatness across the population is not due to a change in genetic predisposition. What it means is that, given equal, optimal lifestyle habits of healthy eating and fitness across the population, bodies will still be diverse, ranging from very thin to very fat, with most people somewhere in the middle. It further means that assumptions cannot be made about a person's lifestyle habits by merely observing that they are fat or thin, or by measuring body mass index (BMI). Despite the abundance of messages implying that weight is a matter of choice, *that concept is not accurate*. Choices may be made about behaviors: how one will eat and how much one will move. Such choices frequently influence weight, but they cannot be counted on to result in a particular, prescribed weight or recommended BMI. Instead, even when optimal choices are made, the expected outcome is improved health in individuals who will maintain diverse sizes, ranging from fat to thin.

Belief that health is dependent on size

An excess of high-calorie/low-nutrient food and a too-sedentary lifestyle pose a very real health risk. One common outcome is increased fatness. But before pointing to fatness as a risk factor for health problems, we must step back and consider the facts. Major 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 new question: *Is fatness or lack of fitness the causal factor when it comes to health concerns?* Many fatter people are not fit (perhaps in part because of the stigma associated with fatness), but when fitness improves, even with minimal weight loss, vital measures of health improve, as well. In light of this, a focus on *fitness*—which is an achievable goal, regardless of size, rather than reduced fatness, which may or may not be achievable—is both non-discriminatory and likely to improve health.

Defining a more realistic goal

It should be clear that the identification of *fatness* as the problem and resulting emphasis on *weight loss* as the solution has done little to address the health concerns of the next generation of children and, in fact, is making matters worse. This paradigm encourages the drive to be thin and diet mentality, while having little positive effect on the eating, fitness, or weight of the average adult or child. When we instead shift the focus from fat and weight to choices leading to nutritional health and metabolic fitness we sacrifice nothing while gaining an approach that enhances the well-being of all.

C. Complacency about nutrition and fitness

Complacency about nutrition and physical activity is epidemic in the American population among people of all sizes and shapes. Surveys show that the primary motive for being physically active and eating a variety of fruits, vegetables, whole grains, low-fat milk, and protein-rich foods today is to lose or control weight. When healthy choices do not always result in the desired weight, the temptations of today's *obesigenic* (fat inducing) environment become an all too appealing alternative. Health as a goal is considered to be a poor and uninspiring second choice, if not irrelevant, especially for the young.

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

A dangerous perspective arises when weight loss is presented as the reward for healthy lifestyle habits, leading too many people to abandon good nutrition and fitness if these “only” result in improved health versus a lean physique. This skewed perspective has contributed to the rising rates of overweight and obesity in the American population. In addition, when weight loss is the much touted objective of a wholesome lifestyle, complacency is 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! So who cares?

– 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

Do we really want to convey that the nutritional and fitness needs of slim students are less important than those of their rounder peers? The number of children *of all sizes* today who lack balanced nutrition and are inactive is alarming. Sometimes the basis for this is economic, and

food is scarce. But when children of adequate means eat a disproportion of high-calorie/low nutrient foods or, alternatively, restrict calories for the purpose of weight loss or because of a misguided sense of “being in control,” a *disconnect* from the primary purpose of eating well for self-care—for health, 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 some time and effort. When bodies are already naturally slim, when wholesome choices do not pay off in the “right” (slim) look, or when restricting calories solicits 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 health replaces size or appearance as the primary enticement, then students of every size will have measurably better health.*

Pseudo-control 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 being in control is played out. On the one hand, in times of plenty, we have come to admire restrictiveness and view the willpower to cut calories (skip lunch, say “no” to dessert, count carbs, *be anorexic*, etc.) and ultimately *to be slim* as a signs of being “in control.” This is a strange anomaly of our time. At the same time, free will is viewed as a privilege of an autonomous self; and an excess of eating “whatever/whenever” or an escape into sedentary entertainment is sometimes considered a defiant right of passage (often carried into adulthood)—perhaps especially for those who have been pressured at an early age to restrict eating or to exercise to reduce chubbiness or fatness. In contrast, the *Healthy Body Image* 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.”

D. The Purpose of this Updated *Healthy Body Image* Curriculum

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 stated 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 a curriculum must also include complementary materials for parents. In response to this call, the first edition of *Healthy Body Image: Teaching*

Kids to Eat and Love Their Bodies Too! was developed and pilot-tested over a two-year period of time before its publication by the National Eating Disorder Association in 1998.

Since its publication, this curriculum has been recommended by the USDA Department of Women's Health in their *Bodywise Packet for Middle School Educators*. It is used in hundreds of schools across the United States and has been adapted for special populations, such as those served by the New York City Board of Jewish Education. A companion book for parents and other non-educators has been written, entitled *Real Kids Come in All Sizes: Ten Essential Lessons to Build Your Child's Body Esteem* (Broadway Books/Random House, 2004). In addition, while this manual is designed to be self-instructive for teacher use, the author is available on a limited basis for in-service training and community education presentation (see the Appendix for contact information).

This updated *Healthy Body Image* edition incorporates new research in the field of eating disorders, health, nutrition, and fitness standards, as well as feedback from a host of teachers and parents. It also responds to clear trends in the popular press. The purpose remains the same as in the original guide, published in 1998: to inoculate children with information, perspectives, values, and behavioral competencies that will help them resist the primary risk factors for the full spectrum of body image, eating, nutrition, fitness, and weight problems. Classrooms should provide a micro-environment that surrounds students with new norms and standards to draw upon. The common goal is to raise a generation of students with healthy, realistic body images who eat well and value physical fitness for the health, strength, and well-being these afford.

PART II: DEVELOPING A NEW MODEL FOR HEALTHY BODY IMAGE

Learning from prior prevention efforts

Several initiatives to prevent eating and weight problems have been tested in the last decade. It is important to examine 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 negative body image attitudes once they are established, students should have the benefit of lessons at an earlier age that are designed to help them maintain (rather than regain) body esteem.

Some curricula for middle and upper school aim to deter students from problems by informing them about eating disorders and the damage they cause. There is some evidence that this approach may backfire, teaching eating-disorder behaviors to already fat-phobic adolescents. The *Healthy Body Image* curriculum takes a different approach, teaching students *what to do* versus *what not to do*.

Curricula that are exclusively didactic and that 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 consistently normalizes and values these concepts is very important. 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.

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.

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

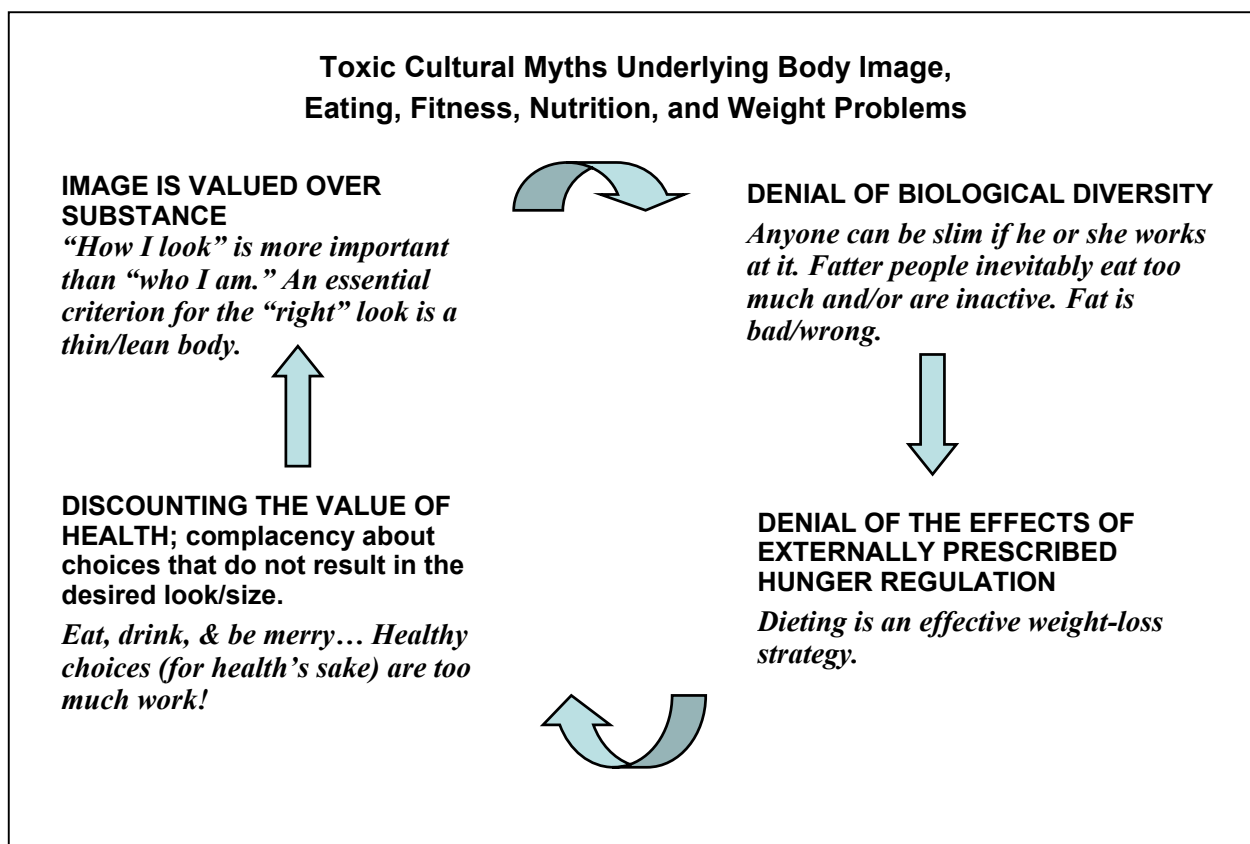
Criteria for a new model: *First, do no harm.*

To be effective in preventing or reversing culturally induced body image, eating, nutrition, fitness, and weight problems, it is essential that new models correct a serious flaw of most current prevention initiatives regarding weight. When we examine these initiatives, we too often find one approach designed to stop the rising rate of fatness, a contrasting approach to prevent or reverse eating disorders, and a third approach to encourage body esteem and to battle prejudicial, weightist attitudes. When these contrasting approaches recommend solutions that are contradictory, which they frequently do, 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 the general public is 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 targeting: 1) the unrealistic drive to be thin and the restrictive eating that accompanies it, 2) the rise in unhealthy 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.*

In creating a new model, we must start by recognizing that the pervasive thin-ideal, the diet mentality, poor nutrition and fitness habits, and weightism are not separate concerns but are

interrelated: They are part of one dynamic, whole problem. Therefore, any non-discriminatory approach must reject methods that may 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 all of the various documented, culturally-induced risk factors that promote most body image, eating, nutrition, fitness, and weight problems simultaneously, and must make recommendations that are not at cross purposes. Four toxic myths are known to provide the seedbed for the majority of problems. The diagram below illustrates the dynamic flow of these myths.



The Model for Healthy Body Image

The *Model for Healthy Body Image* (see page xxxviii) was designed as a response to the four interrelated cultural-risk factors that underlie most body image, eating, nutrition, fitness, and weight problems today. By keeping all four toxic myth clusters in mind at all times, the model successfully avoids short-term “solutions” that may conflict or boomerang. The health principles in the *Model for Healthy Body Image* provide the framework for the *Healthy Body Image*

curriculum, and have also been translated into a set of *Body Image Building Blocks* for children (see page xxxix). Each *Healthy Body Image* lesson teaches a concept represented by one (or, in one case, two) of the *Building Blocks*.

Rather than warning children about what to avoid, the *Model for Healthy Body Image* teaches students what to embrace to maintain health and integrity in the face of unhealthy pressures. More specifically, each of the *Body Image 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 *Healthy Body Image* lessons. A summary follows:

Myth 1: 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 females, has been very effective in creating tremendous anxiety about appearance.

Most people are not 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 have become normative.

Building Blocks for Healthy Body Image (Lessons)

Teach students to understand and resist 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 low nutrient, sedentary lifestyle choices.

Myth 2: 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. In its place, we have learned to mistrust the body's ability to regulate weight and to believe that fatter people must inevitably be doing something wrong. With the assumption that fatness of any degree is bad, prejudicial assumptions regarding fat freely develop. As a result, weightism has become normative, and anxiety about weight is rampant.

Weight may, of course, be influenced by lifestyle choices, but the idea that weight can be "controlled" through healthy means over the long term is flawed. In fact, weight is not a behavior. It is an outcome of highly complex variables, many of which are not in our control. Because of this complexity, long-term efforts to manipulate weight frequently backfire, resulting in a greater loss of control. Healthy weight is best determined by taking charge of variables that are in our control: 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 weights and BMIs that are diverse, showing a natural distribution ranging from quite fat to quite thin.

Building Blocks for Healthy Body Image (Lessons)

Teach students the biological principals of size diversity:

Lesson 3: Understand the normal, expected addition of body fat that is common during puberty 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 control that is possible over weight.

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

When slimness is culturally mandated, a means to attain it is needed. Because restrictive eating results in weight loss in the short run for most people, this instant reward is routinely used as evidence for the belief that anyone could be slim(mer) if he or she worked at it through diet and exercise. Denial of the 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 expected 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.

Building Block for Healthy Body Image (Lesson)

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. At least 90% percent of weight lost through dieting is predictably regained, usually with added pounds.

Myth 4: Devaluing 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 appearances, the drive to be thin, denial of size diversity, and the diet mentality dominate, the primary purpose of eating and fitness for health and well-being has become lost for a significant portion of the population. Too many children today grow up to believe the only reason to eat well and be physically active is to lose or control weight. But the American promise of weight loss or slimness as the reward for a healthy lifestyle has backfired. When frustrated that diet and exercise do not provide them with the promised lean look, a majority of individuals of varying sizes and shapes understandably throw-up their hands and throw-out wholesome choices. “Why bother?” is the understandable response.

An additional problem arises when weight loss is promoted as a goal of healthy nutrition. This presentation inadvertently sends a message that balanced nutrition and exercise are only important for people who are fat. This conclusion leaves normal weight or slim individuals more vulnerable to seduction by an ever expanding array of low-nutrient entertainment foods

as the foundation of their eating. Promoting good nutrition and fitness as a means to weight loss contributes to poor nutrition for people of all sizes.

Eating well and maintaining an active lifestyle require some effort. If the primary objective is to manipulate weight we can expect the current outcome: a nation growing less healthy and in many cases fatter on feelings of failure or complacency. Alternatively, students can be taught that *health*—not size or shape—is a more reliable reward for healthy choices. With this non-discriminatory goal, self-respect and body esteem, as well as nutritional health and physical fitness are achievable for every student at every size.

Building Blocks for Healthy Body Image (Lessons):

Teach children of every size to value health:

- Lesson 8: Eat well. Satisfy hunger completely with a balanced variety of wholesome foods that provides all the nutrients and energy your body needs. Enjoy entertainment eating in limited doses that do not interfere with nutritional needs or ignore hunger satiation.

- Lesson 9: Make movement a priority. Spend enough time and energy engaged in physical activity to maintain your body's fitness level throughout the life cycle. Enjoy sedentary entertainment in limited doses that do not interfere with physical endurance, strength, 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.

The Model for Healthy Body Image

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 & 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>Accept the innate body: "This is the body I was born to have."</p>	<p style="text-align: center;">Healthy Body Image</p> <p style="text-align: center;">Prevention of Unhealthy and Disordered Eating</p>
<p>Balance attention to <i>many</i> aspects of identity. Looks are only one part.</p> <p>Consistently satisfy hunger with <i>enough</i> 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 who reflect a realistic standard.</p>	<p>Emphasize what <i>can</i> be influenced or chosen.</p>	<p>Enjoy eating for health, energy, and hunger satisfaction.</p> <p>Create a physically active lifestyle for fitness, endurance, fun, relaxation and stress relief.</p>	
<p>Promote historical perspective on today's cultural attitudes related to body image.</p> <p>Teach critical thinking about media messages that influence body image.</p> <p>Support each other in resisting unhealthy norms about weight, dieting, low nutrient food choices, eating for entertainment, and a too sedentary lifestyle.</p>	<p>Develop social and cultural resiliency.</p>	<p>Develop autonomy, self esteem, confidence, and the ability for critical thinking.</p>	

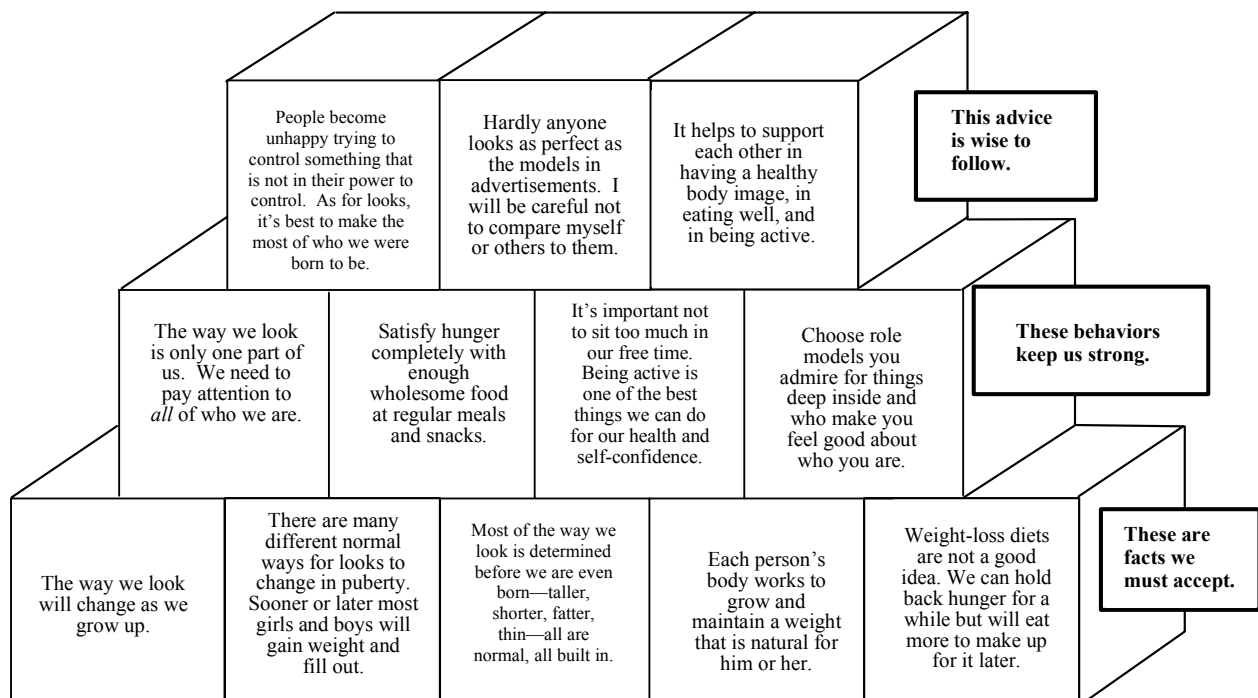
The organizational structure of the *Model for Healthy Body Image*

Teachers will notice that concepts in *Model for Healthy Body Image* is 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.
- Tier 3: Competencies to help students resist unhealthy cultural pressures.

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

BODY IMAGE BUILDING BLOCKS



Printable versions of the Model for Healthy Body Image and the Body Image 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 of 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 body-size prejudice, as well as student eating and fitness intentions, were also improved. Teachers interested in reading the abstracts for these studies will find them in the Appendix.

As a follow-up to our initial pilots, students were asked about their response to the *Healthy Body Image* curriculum. In a group 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 being 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, nutrition, 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.

Most men and women have been both victims of and participants in perpetuating today’s unrealistic beauty standard, weight prejudice, and 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 dragons to teach these lessons. Do not feel bad if you struggle with these curricula lessons 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.

APPROACHING THE LESSONS

You will find perforated versions of all handouts and overheads referred to in the lessons in the Appendix. These may be removed from this book to photocopy for student, classroom, and take-home use. Once removed, store these 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 in this section of the Appendix.

The following points should be considered in approaching this curriculum.

- **Because this *Healthy Body Image* 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, and bodies in our culture, it is likely you will be faced with your own, your students', and their parent prejudices and questions. To prepare for this, you will need a working knowledge of all of the new paradigm presented and all the concepts that are included before you begin. Since teachers are themselves students of the culture, it is not safe to assume that they are familiar or comfortable with the essential concepts.
 - ✓ **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* 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 student's about the means to health at any size through wholesome eating and fitness. In addition, students will need tools to help them resist falling victim to conflicting pressures regarding this topic. All lessons in the curriculum work together to support a whole new perspective. 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 overall 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 Body Image* 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 problems, 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 Body Image* lessons are cross-curricular.** 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 key *Healthy Body Image* concepts. 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. *Healthy Body Image* was developed because existing curricula on these subjects lack vital information and/or, in some cases, provide information that is even counterproductive to promotion of healthy body image and positive eating behaviors.

- **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 feel this way, 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 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 is 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.
 - Learn the behaviors that will enhance their health and help them to feel confident 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 watch for and read the take-home materials. Family education on this topic is critical. Ideally, a presentation should 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.)
 - ✓ **A companion book by the *Healthy Body Image* author entitled *Real Kids Come in All Sizes: Ten Essential Lessons to Build Your Child's Body Esteem*, is available in bookstores or from www.NationalEatingDisorders.org. This book presents all of the concepts in the *Healthy Body Image* 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. It will be helpful for other teachers and administrators in your school to read *Real Kids Come in All Sizes* as well.**
 - **You may create an enlargement of the *Body Image 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 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 the *Building Block* concepts 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 Body Image* 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* as students progress through middle school and high school. While no separate guide is available for this purpose, many teachers have successfully adapted these *Healthy Body Image* lessons for use with students through college age.**

- **Some elementary-age students will be savvy about eating disorders. You may even 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 when some people, for various reasons, have trouble following the *Body Image 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 considering 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 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 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. It is not likely that 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 talking to students about what they wrestle with in their hearts as they are forming their self-images. 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 Body Image* lesson is organized as follows:

1. TITLE AND *BODY IMAGE 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 BODY IMAGE LESSONS

