REAL KIDS COME IN ALL SIZES

By Kathy Kater, LICSW, author of Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!

To promote positive body image and lifestyle choices in kids, shift the target to health and well being vs. size as a goal

The promise of slimness as a reward for healthy choices has backfired. The result is widespread obsession and preoccupation with body size and shape, and complacency about eating and fitness when these do not result in the desired appearance or weight. For example:

- Why should I eat healthy, if it won't make me thin?
- I exercised five times a week for three months and didn't lose any weight. I thought, 'what's the point?'

For a healthier, happier outcome, we should understand, teach and model the following:

1) Many complex factors influence weight. Despite pervasive messages to the contrary, body size, shape, weight and hunger are not in our power to control through healthy means. What we can choose (given sufficient resources) is how we eat and whether or not to be physically active. These choices will influence weight, but our internal weight regulatory system will be the greatest determinant of size and shape. Given genetic differences, bodies will be naturally diverse (taller, shorter, fatter or thinner) even with an "ideal" diet and an active lifestyle. Kids should be taught that the very best lifestyle choices may or may not result in a particular weight or size. In contrast, eating well and an active lifestyle are very likely to result in optimal health, overall well being, and greater happiness. It is therefore important that kids be taught to actively take charge of the choices that will support the quality of life they want to have while allowing nature to take care of their size and shape.

2) Hunger is an internally regulated drive. Efforts to restrict it through external means will backfire. Attempts to limit hunger satiation trigger a preoccupation with food and routinely lead to overeating or binge eating as the body attempts to restore balance. Over time compulsive eating may become both physically and psychologically driven. Restrained hunger for the purpose of weight loss is counter-productive. It will work in the short run, but 95% of weight that is lost will be regained, often with added pounds. The evidence is uncontroversial—"dieting" is not an effective weight loss strategy.

3) The weight that is right or best for each individual can be discovered by:
   • Satisfying hunger with a balance of nutrient rich foods at regular intervals on a routine basis—eating well
   • Taking care of the body’s fitness needs through regular, preferably enjoyable, physical activities that can be sustained throughout a lifetime.

4) A healthy weight may be fatter, slimmer, or in between. "Overweight," "healthy weight," or "underweight" cannot be diagnosed by appearance or Body Mass Index (BMI). Each person’s “best” weight range will be revealed as a result of healthy choices over time. For example, people who are fat but physically fit have lower health risks than those who are slim but not fit. BMI is not a proxy for health.

5) Fatness that is the result of too much high caloric, low nutrient eating and a too sedentary lifestyle poses a health risk that is taken far too lightly by the average person.

6) Slimness that is enjoyed despite an excess of low-nutrient food and a sedentary lifestyle poses a health risk that is rarely acknowledged but should be.

7) Whether health risks are due to fatness or poor eating and fitness habits, the critical question remains: What can realistically be done to reduce this risk? Choices are limited to those listed in #3 above.

8) Shift the language:
   "I'm/you're overweight."
   "I'm so fat."
   "I eat too much."
   "I have to lose some weight."
   "I hate to exercise."
   "You have a fatter/larger/bigger body."
   "How much fatness do you think is/would be natural for you?"
   "Are you eating enough of what your body needs?"
   "Are you eating well? Are you active and fit?"
   "What do you enjoy that involves movement?"

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