**My Body, My Self**

Body image is a complex concept that affects how people feel about themselves and how they behave. It has been defined as “the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves” (Cash and Pruzinsky, 1990). A poor body image is a risk factor for developing disordered eating.

Adolescence is a critical time for both body image and self-esteem. Studies show that girls tend to lose self-confidence during the ages of 9-14. It is also during this time that many girls begin to develop a negative self-image, especially about how they look.

“Information suggests that body image develops as a person develops. We are not born with an intact body image, it develops over time. Literature suggests that there is a relationship between body image and the development of boundaries. Assertiveness training can help to strengthen boundaries that are not fully developed. Acknowledging and feeling the full spectrum of emotions diminishes the need for displacing negative feelings onto the body. Acknowledging the messages received about the body and healing the resulting pain can allow a person to let go of the past the take care of his/her self in the present.” (http://www.eating-disorders.com)

**“I Hate My Body…”**

Body dissatisfaction occurs when a person has negative feelings towards his or her body or towards specific parts of his or her body. The extent of the dissatisfaction determines the impact it has on a person’s life.

A recent survey found that 56% of women and 43% of men disliked their overall appearance. Another
study found that girls as young as 9 expressed concern that they were too fat and were afraid of becoming fat as they got older.

Many normal-weight adolescents, especially girls, are dissatisfied with their body shape and weight. Disturbance in body image is a widespread societal phenomenon linked to a variety of psychosocial difficulties and disorders including depression, social anxiety, eating disturbances, and low self-esteem.

Physical body changes that occur with puberty can influence an adolescent’s satisfaction with their personal appearance. A girl’s physical maturation may lead to greater dissatisfaction with her appearance. After their height spurt, females accumulate fat rapidly, especially in their hips, thighs, and buttocks. Girls who mature early may be more dissatisfied with their appearance and have a poorer body image; they frequently need more reassurance that they are developing normally.

Boys have a mild weight increase before their growth spurt (around 9-13 years of age). This prepubertal weight gain is more pronounced in some males and may trigger a fear of becoming fat. Generally, the increased height and muscular development that occur with later adolescence usually improve body image. In an attempt to build muscles, some boys may use supplements (creatine, protein, etc.) or anabolic steroids.

Outside Influences on Body Image

It is difficult not to notice or be affected by the constant media message that one must be thin to be beautiful. Models in the 1950s and 1960s weighted 10% less than the average female; models in the 1980s weighed 40% less.

Although the media is held responsible for setting unrealistic standards for the ideal body, it is not the sole source of body image distortions.

Disordered Eating - Any abnormal eating pattern, ranging from less extreme to extreme behaviors. Disordered eating includes a collection of interrelated eating habits; weight management practices; attitudes about food, weight and body shape; and physiological imbalances. Disordered eating includes classic eating disorders (anorexia nervosa, bulimia nervosa, and binge eating disorder) as well as eating patterns of lesser severity.

Eating Disorder - An extreme expression of a range of weight and food issues, experienced by men and women. They include anorexia nervosa, bulimia nervosa, and compulsive overeating or binge eating disorder. All are serious emotional problems that can have life-threatening consequences.

Anorexia Nervosa - An intense and irrational fear of body fat and weight gain, a strong determination to become thinner and thinner, and misperception of body weight and shape to the extent that the person may feel or see fat when emaciation is clear to others. Symptoms of anorexia include a refusal to maintain weight at or above a minimally normal weight for height and age, an intense fear of weight gain, distorted body image, the loss of three consecutive menstrual periods, and an extreme concern with the body weight and shape. Anorexia nervosa has the highest mortality rate of all psychological disorders.

Bulimia Nervosa - Self-perpetuating and self-defeating cycles of binge eating and purging. During a “binge,” the person consumes a large amount of food in a rapid, automatic, and helpless fashion. This may anesthetize hunger, anger, and other feelings but it eventually creates physical discomfort and anxiety about weight gain. The food is then “purged,” usually by induced vomiting and by some combination of restrictive dieting, excessive exercising, laxatives, and diuretics.

Binge Eating Disorder - Also called compulsive overeating, characterized primarily by periods of impulsive gorging or continuous eating. Binge eating involves eating an amount of food in a specified time period that is larger than that which most individuals would consume during a similar time period, and feeling a lack of control over eating during the binge. While there is no purging, there may be sporadic fasts or repetitive diets. Body weight may vary from normal to mild, moderate, or severe obesity.
Children and adolescents often feel personal pressure as parents, teachers, coaches, and friends urge them to achieve the “perfect” body. 

Adults themselves often model body dissatisfaction by making negative comments about other’s or their own bodies. 

The majority of adult women are “dieting” to lose weight, whether they need to or not. 

Fat children and adults are socially isolated and are viewed as individuals who have failed themselves or society. 

“Fear of becoming fat” has become a common phenomenon in a society that worships thinness. 

All teens are at risk for developing a poor body image in our culture. The media and advertising industry can have serious and detrimental effects on a teen’s self image. Regardless of what teens are told by educators and parents about their looks, these messages are contradicted by what they see on television and movies, and in magazines.

Body Wise, a web site which teaches girls the skills for healthy living, found that one-third of the 9th - to 12th-grade girls surveyed felt they were overweight, and 60% said that they were trying to lose weight. A recent article in People magazine stated that some teens don’t realize that it isn’t normal to hate their bodies (Hubbard, 1999).

Disordered Eating: The First Steps

Disordered eating includes a wide range of eating behaviors that can eventually lead to more serious eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder. Disordered eating can be identified by a group of unhealthy weight loss methods such as: extreme caloric restriction, food group elimination skipped meals, high fat and high caloric consumption, and compulsive over-exercising.

Just because someone does not fit the strict definition for a classic eating disorder does not mean they don’t have a problem. Unhealthy dieting or anorexic/bulimic behaviors that are not frequent or intense enough to meet the formal eating disorder criteria may still have harmful short-term consequences and may lead to the development of more severe eating disorders (Newmark-Sztainer, 1996).

The prevalence of disordered eating is disturbingly high among adolescents and pre-adolescents. Children as young as 5 talk about dieting to lose weight.

Eating Disorders: The Last Stage

Anyone can develop an eating disorder. Males and females and all social and economic classes, faces, and intelligence levels are affected. Over the past decade, white, middle-to-upper class females ages 13 to 30 have been most affected. True eating disorders are relatively uncommon: Only 5% of adolescents with disordered eating behaviors go on to develop classic eating disorders.

While there is no single event or factor that causes an eating disorder, most professionals agree that dieting precedes the onset of most cases (http://www.laureate.com).
Adolescent females frequently begin to diet after the onset of puberty. Early-maturing females may be even more likely to diet. Overweight females are also at increased risk of dieting and using unhealthy weight loss practices (see Section 8: Weight Management guidelines).

Eating Disorders: Outdated Ideas/Beliefs

Adapted from Eating Disorders Shared Awareness, www.something-fishy.org

Only “young, white females” get eating disorders. Anyone can develop anorexia or bulimia. Regardless of previously held beliefs, young, middle-class, white teenagers or college students are not the only ones who can suffer. Eating disorders affect individuals from every age bracket, class, culture, and race.

You can tell by looking whether a person has an eating disorder. Not true! There are many anorexics, bulimics, and compulsive overeaters who are of average weight or above. The truly devastating effects of eating disorders are usually invisible, such as nutrient deficiencies, electrolyte imbalances, and a host of other physical dangers. The originators for eating disorders — depression, low self-esteem and an inability to cope with stress — have little to do with one’s weight. Food and weight are symptoms of complex emotional conflicts.

Eating disorders are a vanity issue. Dieting is an appearance or vanity issue. Many eating disorders may start out as dieting, but the behavior turns quickly to coping mechanism for dealing with stress, self-hate, hurt, and shame. Eating disorders are not just about appearance.

Compulsive Overeaters are lazy and have no willpower. This is a sad false fact. People suffering with compulsive overeating disorder use food as a way to fill a psychological void, to cope with stress, to take away pain, to comfort themselves. For some, it’s also a way to keep from being vulnerable... if they stay overweight, no one will want to get close to them.

If the doctor says there’s nothing to worry about, then there isn’t. Doctors do not know everything. Unfortunately, in most places, unless they have taken additional training on how to recognize eating disorders or have specialized in this field, they generally know very little about them. A great number of doctors are not aware of all the warning signs or will begin testing for other possible physical problems instead. Also, the human body learns to adapt to starvation and malnutrition; unless they are specifically geared towards eating disorders, ordinary blood tests will show little detrimental information.

I know someone with anorexia... If I just get him/her to eat it will solve the problem. I know someone with bulimia... if I can keep him/her out of the bathroom it will solve the problem. I know someone who is a compulsive overeater... a diet will fix everything. Concentrating only on the food is a very common mistake. People who suffer from eating disorders use a negative coping mechanism — that just happens to involve food — as a way to deal with unpleasant emotions. Buried deep down inside each person is a cause, or group of causes and pains, that have yet to be healed. These pains have compelled them to find an alternative — and unhealthy — means of coping with life.

The key to recovering from an eating disorder is to learn to manage all areas of one’s life: stress, pain (past and present), emotions, and finally, eating healthfully. Learning not to use food as a coping mechanism for the underlying issues cannot be addressed until the person begins to address these issues. The earlier a person gets help, the easier it will be to treat the person and help them get well. When habits become ingrained, eating disorders require lengthy treatment.

Eating disorders are a woman’s illness. Absolutely not! Only recently has the media begun to address the “hidden population” of men with eating disorders. It is currently estimated that 1 in 10 individuals with an eating disorder is male, however given their reluctance to identify themselves, the actual number of males with an eating disorder is probably greater.
Poor Body Image Can Lead to Disordered Eating

- Screen for signs of disordered eating.
- Refer to health care provider who is experienced in treating eating disorders.

Disordered Eating

Can lead to the development of classic eating disorders (anorexia nervosa, bulimia nervosa or binge eating disorder)
Common Misconceptions about Eating Disorders

Adapted from Eating Disorders Shared Awareness, http://www.something-fishy.org

“I cannot be anorexic because I do eat when I have to.”
Restriction of food does not mean complete restriction. For some, this means restricting certain types of foods and limiting calories to below normal on a daily basis. For others, this means fasting for a certain number of days and then eating “normally” for the next few days, and repeating the cycle continually.

“I don’t fit any category. ... I only eat when I absolutely have to (but I don’t binge) and then purge whatever I do eat.”
Often times when anorexics cannot avoid a meal or food they will follow any consumption with self induced vomiting or laxative abuse. This is considered “anorexia, purging type.”

“I eat a lot of candy, and can’t possibly be anorexic.”
Many anorexics and bulimics are junk-food addicts. These foods may serve as a false sense of energy and/or appease extreme cravings. It is not uncommon to find an anorexic or bulimic who lives solely on candy. Other common “replacements” are drugs, alcohol, coffee, tea, and/or cigarettes.

“I eat three meals a day (or I eat a lot during the course of the day) and never purge. How can I have an eating disorder?”
Disordered eating doesn’t always mean restricting, bingeing, or Purging. If eating patterns or meals consist of only lettuce, salad, or yogurt (or other comparably low calorie, low-fat foods), and the calorie intake overall is far below normal (and is combined with emotional attributes), this would be considered anorexia. The individual may not be “starving” themselves of food per se, but is restricting themselves of any real calories, substance, and nutrition.

“I don’t make myself vomit or use laxatives. I can’t be bulimic.”
There are other methods of purging” following a binge. In addition to laxative use or induced vomiting, Purging can also be accomplished with compulsive exercise or complete fasting.

“I can’t die from this...”
Eating disorders have the highest rate of death of any psychological illness. As many as 30% of those suffering from an eating disorder will die as a result of complication caused by the illness.

“My family member/friend eats normally around me. He/She can’t possibly have an eating disorder.”
It is not uncommon for anorexics, bulimics, and compulsive overeaters to eat “normally” around others. They may actually look forward to their time alone, however, to be able to “make up for” the time they’ve spent “normally” around others. Once they have gotten back into their solitary environment, anorexics will completely starve themselves, bulimics will binge and purge, and compulsive overeaters will binge.

“This is just a phase.”
Anorexia, bulimia, and compulsive overeating are not phases that anyone just “goes through.” Some may go through dieting phases, but this is far different from having an eating disorder.

“I take vitamin/mineral supplements so I know I will stay healthy.”
Vitamin/mineral supplements will not protect against the physical devastation’s of an eating disorder. While taking vitamins and minerals may help to provide a sense of security, or even prolong certain aspects of health (such as warding off infection), they will not protect from the dangers associated with having an eating disorder.

These dangers can include bowel or kidney dysfunction, brain shrinkage, dehydration, diabetes, TMJ (temporomandibular joint) syndrome, misalignment of the teeth, esophageal tears, stomach ulcers, joint pain and arthritis, digestive and absorption problems, acid reflux disorders, cancer of the mouth and throat, low or high blood pressure, heart arrhythmia and cardiac arrest loss of menstrual cycle, infertility, dilation of the intestines, or depression and even suicide.

“Everyone who is overweight or fat is a compulsive overeater.”
What defines the illnesses of compulsive overeating or binge eating disorder is more than just the weight range of the individual.
Emotional eating, eating to fill a void, stuffing down feelings with bingeing, isolation, and pushing others away are just some of the traits. There are other reasons an individual can be overweight, including medical reasons or a genetic predisposition to a larger body size.

Why Persons with Eating Disorders Don’t Ask for Help

Adapted from Eating Shared Awareness, http://www.somethingfishy-org

“I’m not thin enough. He/She won’t believe me.”

“I’m not sick enough. He/She won’t think I need help.”

“The doctor won’t take this seriously, no one else does.”

“The doctor won’t take my complaints seriously, He/She thinks I’m too young to be worried about such things.”

“He/She will tell my parents.”

“People will find out.”

“He/She will just see me as fat, they won’t believe it’s an eating disorder.” (Compulsive Overeater)

“The doctor is just going to make me gain (lose) weight!”

“My therapist refuses to treat me because I’ve lost (gained) weight.’

“I’m a man and I know they’ll think I’m a freak, or they won’t believe me.”

It’s vitally important that health care providers learn to recognize the physical signs of eating disorders and to validate the emotional turmoil experienced by those suffering from them. It is also important to know that there can be many co-existing psychological illnesses and/or addictions to alcohol or drug abuse.

Risk Factors for Developing Disordered Eating

Adapted from Mary-Ann Shafer, MD, Hidden Epidemic Seminar, 1999

- Family history of disordered eating
- Family dysfunction
- Low self-esteem
- Poor body image
- Focus on weight
- Exercising to extremes
- Self-mutilation

Interventions/ Referrals

Use the BodyTalk video to educate clients on the role of media and culture in the development of attitudes on body image

Stop the videotape before “What Do We Do With the Message” section and use the “What Is Body Image?” activity sheet as an interactive with clients.

Stop the videotape before the “Resistance and Change” section and use the “Ask Yourself” activity sheet as an interactive activity that encourages client self-assessment of attitude.

Use the “More About Body Image, Eating Disorders, and Dieting” information sheet for other sources of information on these topics.

Use the “The Important People in My Life” information sheet to assist your client with value clarification

Use the “Promoting Size Acceptance” activity sheet to discuss size acceptance with clients.

IF YOU SUSPECT THAT THE CLIENT HAS AN EATING DISORDER, REFER HER TO A HEALTH CARE PROFESSIONAL OR AGENCY THAT SPECIALIZES IN THE TREATMENT OF EATING DISORDERS. FOR REFERRAL INFORMATION, SEE “MORE ABOUT BODY IMAGE, DISORDERED EATING, AND DIETING.”
Follow-Up

Discuss the client’s answers to the questions on the “What Is Body Image” and the “Ask Yourself” activity sheets. Use the answers to help the client evaluate how her body image is influenced by internal and external messages. Awareness of the type of messages (positive and negative) she receives is the first step toward change.

Let the client know that there is more than one way to be beautiful!

Help the client understand that her self-perceptions may be reactions to the negative media images she receives about body image.

Encourage acceptance of all body types.

Reinforce messages learned in the Body Image and Disordered Eating guideline activities.

Encourage the client to discuss the origins of body dissatisfaction and eating disorders in social settings, so that she can compare her responses to those of her peers.

Eating Disorder Warning Signs
Adapted from Judith Levine, RD, MS, “Helping your Child Lose Weight the Healthy Way, “ 1996

<table>
<thead>
<tr>
<th>Warning Sign</th>
<th>Anorexia Nervosa</th>
<th>Bulimia Nervosa</th>
<th>Binge Eating Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large, rapid weight loss (more than 4 pounds in one month)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Great fluctuations in body weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive or compulsive exercising</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Preoccupation with dieting and weight loss</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Preoccupation with eating and food</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Distorted body image; feels fat even when thin</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Refuses to eat, eats tiny portions, and/or denies hunger</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumes unusually large quantities of food</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Eats by herself or is secretive about food</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Eats only a few types of foods; avoids entire food groups or has suddenly become vegetarian</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Disappears after eating, usually to the bathroom</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Develops dental problems</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Has irregular menstrual cycles or has not menstruated for two months or longer</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Has swollen salivary glands or puffy cheeks</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Is depressed, moody, or insecure</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Purchases laxatives or diet pills</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stops participating in normal activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Steals food or money to buy food</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Resources on Body Image, Disordered Eating, and Dieting

**Treatment Centers and Referrals**

- Child Health and Disability Program (CHDP)  
  Look in your local phone book under the Government Listings, Health and Human Services section, for your local CHDP program (accepts Medi-Cal)

- Lucile Salter Packard Children’s Hospital  
  At Stanford-Disordered Eating Program  
  725 Welch Road  
  Palo Alto, CA 94304  
  650-498-4468  
  (Accepts Medi-Cal)

- UCLA Neuro-Psych-Institute  
  Eating Disorder Program  
  760 Westwood Plaza  
  Los Angeles, CA 90024  
  310-825-9989

- Eating Disorder Center of California  
  Offices in Malibu, Westlake Village, West LA, and Santa Barbara  
  310-457-9958

- Monte Nido Treatment Facility  
  514 Live Oak Circle  
  Calabasas, CA 91302  
  818-222-9534 or 310-457-9958

- Disordered Eating Referral  
  California Dietetic Association  
  Nancy King, RD (Registered Dietitian)  
  818-957-8588

- Tami Lyon, RD  
  415-896-5859

**More Information on Disordered Eating**

- American Dietetic Association  
  National Center for Nutrition & Dietetics  
  216 West Jackson Blvd., Suite 800  
  Chicago, IL 60606  
  312-899-0040  
  Nutrition Hotline: 800-366-1655  
  [http://www.eatright.org](http://www.eatright.org)

- American Anorexia/Bulimia Association  
  C/O Regent Hospital  
  293 Central Park West, Suite I R  
  New York, NY 10024  
  212-575-6200

- Eating Disorders Awareness and Prevention  
  603 Stewart Street, Suite 803  
  Seattle, WA 98101  
  Phone 206-382-3587  
  Fax 206-292-9890

- National Association of Anorexia Nervosa and Associated Disorders  
  Box 7  
  Highland Park, IL 60035  
  847-831-3438  
  Fax 847-433-4632

- National Eating Disorders Organization  
  6655 South Yale Avenue  
  Tulsa, OK 74136  
  918-481-4044

- The National for Center Overcoming Overeating  
  P.O. Box 1257, Old Chelsea Station  
  New York, NY 101 13-0920  
  212-875-0442
BODY IMAGE AND EATING DISORDERS

Books


Most of the books listed above, as well as others, are available through the Gurze Catalogue of Books on Eating Disorders. For a free catalog, call (800) 756-7533, or see their website at http://www.gurze.com

Other Resources

American Anorexia/Bulimia Association (ANRED) 165 West 46th Street, Suite II 08 New York, NY 1003 6 212-575-6200 http://www.anred.com/

Public Health Service’s Office on Women’s Health U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 730B Washington, D.C. 20201 http://www.whealth.org/links/

yourSelf A fun website on nutrition and physical activity created by and for teens http://151.121.3.25/rr/

Overeaters Anonymous Headquarters Word Services Office P.O. Box 44020 Rio Rancho, NM 87174-4020 505-891-2664 http://overeatersanonymous.org

Body image and the media http://www.about-face.org

Young women with power and attitude http://www.hues.net

Teens and Diets-No Weigh http://www.hugs.com

The Center for Eating Disorders http://www.eating-disorders.com

Girl Power! http://www.health.org/gpower/bodywise
WHAT IS BODY IMAGE?
(Adopted from BodyTalk facilitators guide—Corresponds to 1st segment of videotape 'The Message')

Body image is the picture of your body that you hold in your mind.
Body image is made up of many events in your life including:

- How your family members react to your body
- How your body changes as you grow
- Any experience of physical or sexual abuse you may have had
- How your body feels
- How you feel about being a girl or boy
- Sports or movement classes in which you might participate
- Accidents and illnesses you may have had
- Your ethnicity and/or community
- Messages from media, such as television, magazines, and movies
WHO DEFINES BEAUTIFUL IN THIS CULTURE?

Think about the messages you receive about your body and the food you eat from the media, your family, your friends, and at school. How do those messages affect your body image?

Watch 30 minutes of television with a critical eye. Observe how overweight people are portrayed. What stereotypes are promoted?

Have you ever calculated the amount of money and time you've spent in the past week on fashion or fitness magazines, beauty products, and weight loss or weight gain products?

- Time spent last week trying to change your body (hours)
- $____ Amount spent last week on fashion/fitness magazine
- $____ Amount spent last week on beauty products
- $____ Amount spent last week on weight loss or weight gain products
- $____ TOTAL amount of money spent last week

Figure out how much you would spend in one year to attempt to change your body.

- $____ Total amount per week × 52 weeks $______ per year
- _____ Time spent per week × 52 weeks = ______ hours per year

If you accepted yourself as you are and stopped buying products with the idea of changing yourself, how much money would you save, and what would you do with it? Consider what you could do with all the time you spent as well.
ASK YOURSELF

Adopted from BodyTalk facilitators guide.
Corresponds to 2nd segment of videotape “What do We Do With the Message”

How have you used food or eating to cope with bad feelings?

________________________________________________________________________

What situations lead you to begin a diet?

________________________________________________________________________

________________________________________________________________________

How do you feel emotionally and physically when you are dieting?

________________________________________________________________________

________________________________________________________________________

How often do you eat when you are hungry, eat what your body wants, and stop when you are full?

________________________________________________________________________

________________________________________________________________________

Observe the messages about beauty directed at you in your environment. Does the idea that beauty comes in all sizes, shapes, and colors exist?

________________________________________________________________________

________________________________________________________________________

What factors might contribute to the fact that 9 out of 10 people with eating disorders are female?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
BODY IMAGE AND EATING DISORDERS

Make a list of the comments you have made about your body — both in your head and out loud — since you woke up this morning. Are these thoughts and comments negative or positive? Identify the sources of any negative thoughts or comments.

Observe how many times in one day you criticize other people's appearances or bodies. How does this practice make you feel? How does it affect the people around you?

What would you be free to do if you accepted your body?

How would you feel if you really loved your body, even with all its "imperfections?"

What are you going to do to help yourself and others to feel good about your bodies?
THE IMPORTANT PEOPLE IN MY LIFE

How much do looks really matter? Answer the questions below about the important people in your life. Why are they important to you? Not because of the way they look, but because of the way they make you feel about yourself. We value other people because they care about us, not because they look like movie stars.

A friend who is always there for me

A teacher whose enthusiasm is contagious

A relative who shows me love

An adult who has reached out to help me

Someone who makes laugh a lot

Someone I love very much

Someone I can tell my troubles to

Someone who makes me feel good about myself

Someone I am there for

Someone I wish felt better about him/herself

Someone I want to be like
PROMOTING SIZE ACCEPTANCE
(From Joanne Ikeda, Health at Every Size)

- Human beings come in a variety of sizes and shapes. We celebrate this diversity as a positive characteristic of the human race.

- There is no ideal body size, shape, or weight that every individual should strive to achieve.

- Every body is a good body, whatever its size or shape.

- Self-esteem and body image are strongly linked. Helping people feel good about their bodies and about who they are can help motivate and maintain healthy behaviors.

- Appearance stereotyping is inherently unfair to the individual because it is based on superficial factors over which the person has little or no control.

- We respect the bodies of others even though they might be quite different from our own.

- Each person is responsible for taking care of his/her body.

- Good health is not defined by body size; it is a state of physical, mental and social well-being.

- People of all sizes and shapes can reduce their risk of poor health by adopting a healthy lifestyle.