

Body Image And Disordered Eating

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

Inside this Section

- 1** My Body, My Self
“I Hate My Body...”
- 2** Definitions
Outside Influences on
Body Image
- 3** Disordered Eating: The
First Steps
Eating Disorders: The
Last Stage
- 4** Eating Disorders:
Outdated Ideas/Beliefs
- 5** Poor Body Image Can
Lead to Disordered
Eating
- 6** Common
Misconceptions About
Eating Disorders
- 7** Why Persons With
Eating Disorders Don’t
Ask for Help
Risk Factors for
Disordered Eating
Interventions/ Referrals
- 8** Follow-Up
Eating Disorder Warning
Signs
- 9** Resources on Body
Image, Disordered
Eating, and Dieting
- 11** “What is Body Image?
Activity Sheet
- 12** “Who Defines Beautiful
in This Culture?”
Activity Sheet
- 13** “Ask Yourself” Activity
Sheet
- 15** “The Important People
in My Life Activity Sheet
- 16** “Promoting Size
Acceptance” Informa-
tion Sheet



BODY IMAGE AND EATING DISORDERS

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.

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 weighed 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.

- 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).

“The overriding (media) message is that we need to change something about ourselves in order to be loved or successful. In particular, if we have thin, fit bodies, our lives will be perfect. This message is not true. The constant striving for something other than what we are is part of what may keep us dissatisfied with life.

“The reality is that genetically we are all born with varying shapes and sizes. Less than 5% of the population (genetically and healthfully) can expect to achieve the shape and size the media portrays as ideal. The media holds this unrealistic goal up to us and suggests that we try to reach it. No wonder so many men and women are struggling with body image dissatisfaction!”

<http://www.eating-disorders.com/>

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>).

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

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 over-eating 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.

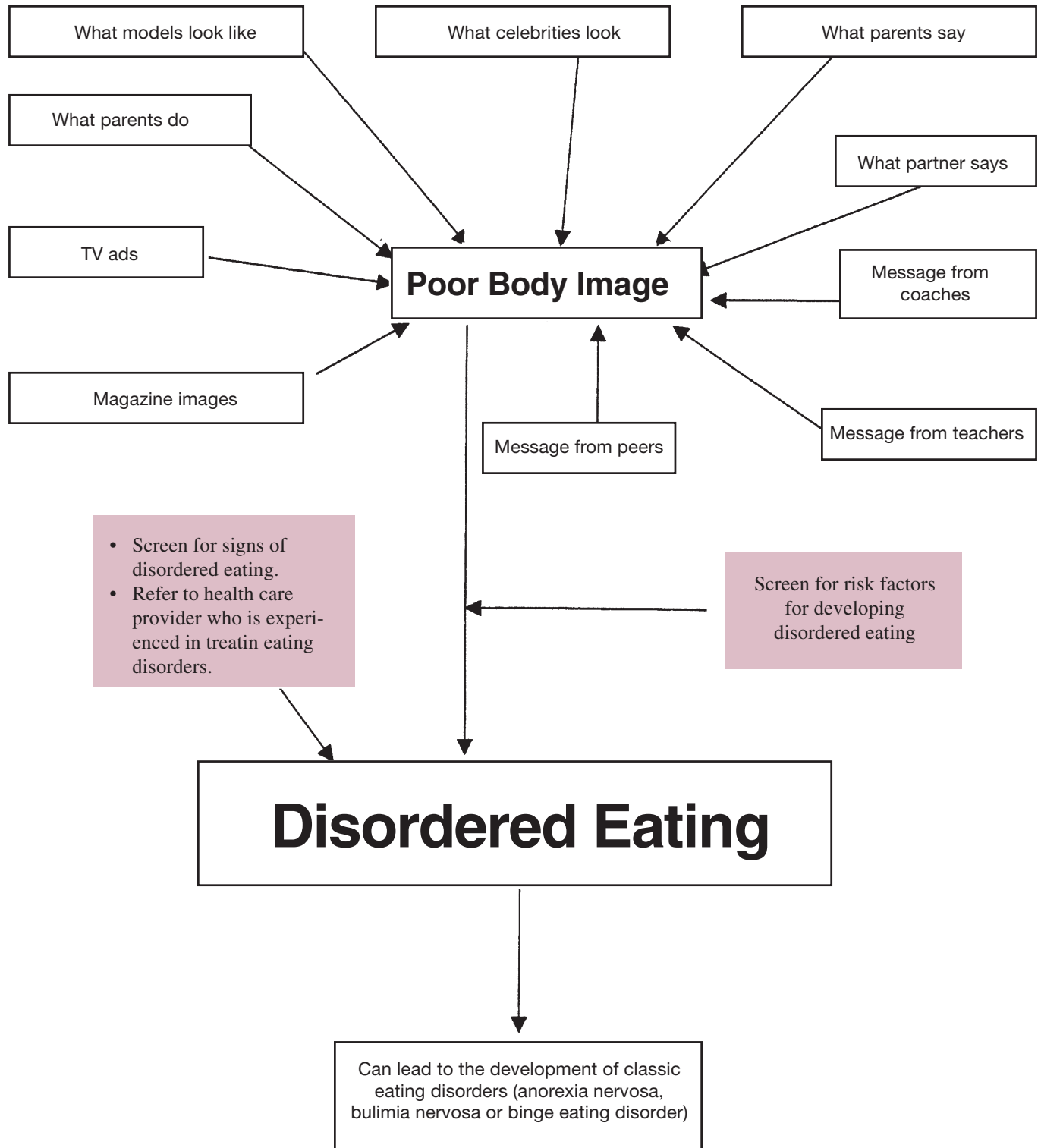
Concentrating only on the food is a very common mistake. People who suffer from eating disorders use a negative coping mechanism — that just happens to involve food — as a way to deal with unpleasant emotions. Buried deep down inside each person is a cause, or group of causes and pains, that have yet 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



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 doctor (therapist) will tell me to 'just eat' but it's so much more than that!"

"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."

BODY IMAGE AND EATING DISORDERS

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

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

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>

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

Cash, T. *The Body Image Workbook. - An 8-step program for learning to like your looks.* New Harbinger Publications, 1997.

Cash, T. Pruzinsky, T. *Body Images: Development, Deviance, and Change.* Guilford Press, 1990.

Cooke, K. *Real Gorgeous.* New York: W.W. Norton & Co, 1996.

Fraser, L. *Losing It: America's Obsession with Weight and The Industry That Feeds on It.* New York: Dutton, 1997.

Hesse-Biber, S. *Am I Thin Enough Yet?* New York: Oxford University Press, 1996.

Hirschmann, J.R. Munter, C.H. *@en Women Stop*

Hating Their Bodies. New York: Fawcett Coumbine, 1995.

Hutchinson, M. *Transforming Body Image: Learning to Love the Body You Have.* Crossing Printing, 1988.

Miller, W. *Negotiated Peace, How to Win the War Over Weight.* Allyn & Bacon, 1997.

Wolfe, N. *The Beauty Myth.* New York: William Morrow & Co, 1991.

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 10036
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/tr/>

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

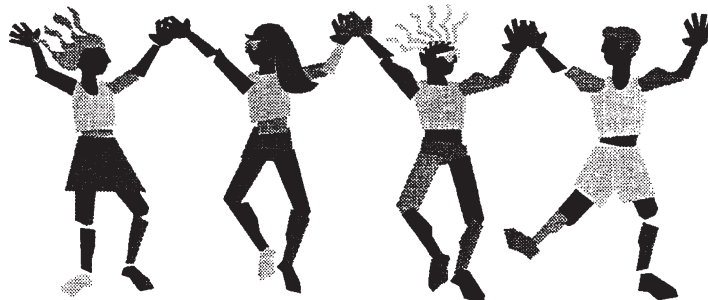
Body image and the media
<http://www.about-face.org>

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>



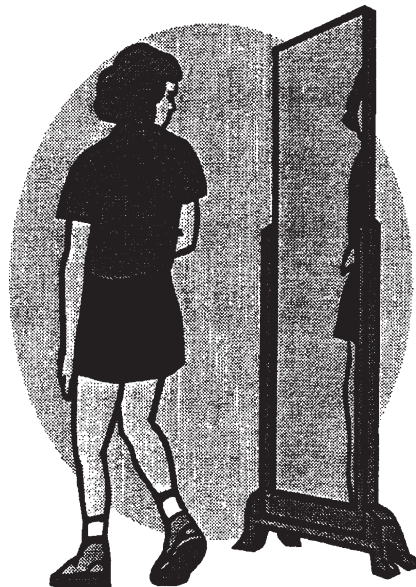
WHAT IS BODY IMAGE?

(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 X 52 weeks \$ _____ per year

_____ Time spent per week X 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 me 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.