BodyLove

Learning to Like Our Looks and Ourselves

A PRACTICAL GUIDE FOR WOMEN

Rita Freedman, Ph.D.

"An insightful guide.... Any woman who has ever looked in the mirror and sighed should find it helpful."
—Mary Ellen Donovan, coauthor of Women and Self-esteem
WEIGHTY MATTERS

At the present time, are you dieting in order to lose weight?

Do you believe that your current weight is:
MORE THAN 15 POUNDS UNDERWEIGHT
3–10 POUNDS UNDERWEIGHT
JUST RIGHT
1–5 POUNDS OVERWEIGHT
5–10 POUNDS OVERWEIGHT
10–20 POUNDS OVERWEIGHT
20–50 POUNDS OVERWEIGHT
MORE THAN 50 POUNDS OVERWEIGHT

What do you think your weight will be five years from now?
MUCH LESS (20 OR MORE POUNDS)
SLIGHTLY LESS (5–10 POUNDS)
THE SAME
SLIGHTLY MORE (5–10 POUNDS)
SOMEWHA T MORE (10–20 POUNDS)
MUCH MORE (OVER 30 POUNDS)

How often do you weigh yourself?
RARELY
ONCE A MONTH
ONCE A WEEK
EVERY FEW DAYS
ONCE A DAY
TWICE A DAY OR MORE
Elephants live longer than people—maybe that’s because they never worry about trying to lose weight.

Does the following saga sound familiar? You resolve one last time to trim down by starting some new diet scheme from Scarsdale or Beverly Hills. Pounds drop off nicely at first, boosting your morale. You’re convinced that “this time it’s going to work.” Weight loss eventually tapers off and each pound becomes harder to shed. As hunger accumulates, you start to lose control and to cheat, perhaps to binge. Old eating patterns creep back as your weight creeps up to pre-diet levels, or even higher. You’re left feeling discouraged with yourself, disgusted with your body, and wondering what went wrong. It’s a common tale. Yet rarely do you question your motives for dieting in the first place. The potential rewards seem so obvious. Everyone is doing it, so no one bothers to ask why. Dieting just seems like the thing to do.

As a young woman with two small children I never questioned why I was so concerned with being a few inches too hippy and a few pounds too heavy. Ellen also never questions the “fact” that she “should lose at least ten pounds.” Fat seems like her natural foe. “When I’m under 130—even at 129½, I can live with myself,” she says. “But when I see 138, like I did last week, I start to panic.”

Ellen focuses on the numbers. She’s devastated when a slight gain pushes her over some arbitrary point of acceptability. When a slight loss drops her into a new category, she’s overjoyed. As in gambling, it’s the occasional payoff that keeps so many of us addicted to our dieting mentality.

This chapter is meant for women of every size who must survive in a culture where “you can’t be too rich or too thin.” It’s for those like Maritina, who aren’t overweight but still feel fat. It’s for those like Ellen, who have always felt too big, too flabby, or too hungry to be content with themselves. It’s for those whose weight bounces up and down but never settles for long at the right place.

Weight is now one of the most basic ingredients of how a woman judges her own attractiveness and how she is judged by
others. Feeling too heavy may inhibit you from enjoying movement and exercise. It may prevent you from reaching out for social relationships or from expressing yourself sexually. If you’re unhappy with your weight, you’re likely to be unhappy with your overall appearance as well.

You don’t necessarily have to lose weight to reshape your body image to a size you can fit into more comfortably. By understanding your weight conflicts and your natural weight limitations you can reduce the importance of fat as a measure of self-worth. You’ll see how looksism causes weight preoccupation. And I hope you’ll begin to realize that getting thin isn’t really the antidote to feeling fat. After all, many thin women still fear fat. A central theme of Bodylove is that you shouldn’t have to suffer or torment your body in order to feel better about your looks and yourself.

Ellen had been unhappy for years. After a rapid gain of weight in adolescence, she became obsessed with controlling it. Many girls feel frightened and helpless as they watch their tomboy bodies disappear into the fleshy curves of womanhood. Ellen just wanted to be as thin as her friends and as thin as the models in the teen magazines. But her body had a mind of its own.

I was fourteen and I seemed to blow up overnight. . . . It felt like my body had been attacked by a bicycle pump. I ate practically nothing all through high school, and secretly took diet pills. But nothing really helped. My mother was on the heavy side and I knew how unhappy she was about it. I swore I’d never look like her, but then I saw it happening to me. I’ve been hungry and dieting for as long as I can remember. Just once I’d like to eat a regular meal and not feel guilty.

Humans are unique among animals. We alone starve our bodies to feed our hunger to be thin. Each year thousands of women lose their lives in pursuit of a leaner body. They die from anorexia, from bulimia, from intestinal bypass surgery. Remove the t from “diet,” and you discover the hidden consequence that it conceals. While most of us do survive our fight against fat, we silently suffer the daily disabilities of weight obsession and chronic dieting.

Actually, the word diet simply means a food plan. But in this chapter I’ll be using the term as it’s generally understood—to refer to a plan that restricts calories in order to reduce weight.
THE DIETER'S MENTALITY

Whether you're fat, thin, or average, chances are you've been on a recent diet or have thought about starting one. Few of us escape the slender trap of the dieter's mentality.

"Of course I'm dieting—who isn't?" says Debra, a forty-two-year-old homemaker with three children. "My sister is constantly passing me articles on the latest diet gimmick that she's about to try, and asking me to do it with her. My husband feels free to make comments about my weight, but my friends are the worst. They're always talking about their own fat or someone else's."

Our current cultural climate causes a great many women to reject their perfectly normal bodies as abnormally heavy. A body that feels too big casts a shadow over its own image. Recall that the relationship between actual appearance and self-esteem is rather low, but the relationship between body image and self-esteem is much higher. A person who feels fat can have just as many body conflicts as one who actually is fat. In fact, research shows that a high proportion of women who think they're too heavy really aren't.¹

Consider whether you may be one of them. Ellen certainly was. Although Ellen's body isn't the ideal size depicted in the fashion ads, her body image had become inflated with years of body loathing. Like most women, she sees herself as bigger than she really is, and she feels ashamed of it.

Shame is part of the dieter's mentality: shame of looking too heavy, shame of not being able to stick to a diet or to keep off the weight that's been lost. In a self-perpetuating cycle, the shame of feeling too fat leads first to dieting, then to binging, and then to more shame at having broken the diet. In his pioneering work on sexuality, Alfred Kinsey discovered that the most embarrassing thing you could ask had nothing to do with intercourse. The question that more women refused to answer than any other on his survey was, "What do you weigh?" When I first asked Ellen, she simply replied "too much."

The dieter's mentality can have serious repercussions. Weight obsession and chronic dieting have been identified as the most prevalent forms of emotional disorders among women today. Yet most of us never connect such symptoms as depression, anxiety, or insomnia with the dieting process. Therefore, we continue to inflict
on ourselves the psychological and physical damage caused by calo-
rie restriction. It's painful to try to squeeze yourself into a constrict-
ing ideal that's promoted by family, friends, and social pressure.

Of course, eating is a social act that has deep emotional meaning.
Early in life food gets mixed up with love and looks, with power and morality. All of us eat sometimes to feed the hungers caused by stress or loneliness. But dieting creates its own emotional hungers. A dieting woman is doubly deprived. She's unhappy because she's undernourished and undernurtured. She envies those who can spontaneously eat when they're sad and she feels guilty when she uses food for solace. After an unsuccessful diet she's left with the added shame of having failed again.

As you well know, there's an endless variety of diets to feed the dieter's mentality. Ellen has tried them all, including fasting, weight-watching groups, liquid protein formulas. Recently she quit smoking and, as a result, gained about five pounds. This triggered all the old feelings of intense anxiety and self-disgust. "I just want to get down to the right size so I can feel good about myself," she explained in therapy. "It's not for my husband, not for my mother anymore, but just for me . . . to prove I can do it." We began our work together by sorting out her motives and eventually agreed on some goals as priorities: first, to normalize her relationship with food; and second, to focus on improving her body image.

Many of you can work on your own to break free of the dieter's mentality and end your obsession with thinness. However, if you have more severe eating problems you may need professional help. To evaluate the seriousness of your own situation, consider these questions:

- Has your weight changed significantly for no apparent reason?
- Are you 20 percent below or 40 percent above the recommended weight for your height?
- Do you frequently lose control and binge excessively?
- Do you vomit or take laxatives, diuretics, or diet pills in order to control your weight?
- Do you have irregular menstrual periods because of low body fat?

If you suffer from any of these symptoms, pay careful attention to this chapter. It will give you a new perspective on your weight
problems and may help break down your resistance to getting outside help.

FAT FACTS—SLIM PICKINGS

Consider the following facts about women and their weight:

- On any given day, a high proportion of females are dieting—nearly half the ten-year-olds, two-thirds of the high school girls, and one-third of adult women.
- About 1 percent of college women are anorexic, while another 4 to 13 percent are identified as bulimic.
- Two-thirds of adult women are afraid of getting fat, and 95 percent of them overestimate their body size.
- Women over sixty report that "gaining weight" is their second most serious concern (the first being loss of memory).

The Bodylove Survey confirms these findings. When asked, "If you could change one thing about your body, what would it be?," two out of three women named weight loss or reduction of hips, thighs, and stomach. On the day of the survey almost one-third of our sample was dieting. Nearly half rated themselves as five to twenty pounds overweight and only 17 percent of the group thought their weight was just right.

Do you believe that your current weight is:

- 6% 3–15 pounds underweight
- 17% just right
- 17% 1–5 pounds overweight
- 23% 5–10 pounds overweight
- 22% 10–20 pounds overweight
- 11% 20–50 pounds overweight
- 5% more than 50 pounds overweight

Weight conflicts are more common and more serious among women than men. As we saw in the last chapter, boys are socialized
during childhood to view their bodies in terms of effectiveness, while girls see theirs in terms of attractiveness. Females tend to rate their figures as heavier than the ideal they desire, and heavier than the ideal they believe men prefer. In contrast, most males view their weight as quite close to ideal. Men’s perceptions keep them generally satisfied with their body image, whereas women’s misperceptions create a dieter’s mentality that undermines their self-esteem. Thus the “healthy” woman becomes preoccupied with trying to control her weight, while the healthy man is less concerned and more accepting of his.3

I’ve seen many clients whose feelings about themselves are dominated by their efforts at weight control. “It was a good week,” they announce at the start of a session, “I feel thinner.” On “bad” weeks they describe a painful sense of failure at having skipped an exercise class or cheated on a dessert. This is how self-esteem gets mixed up in the dieter’s mentality. It’s hard for someone to give self-praise when she feels out of control. Most people assume that weight is controllable and that it should be controlled. Therefore they blame themselves for not being as thin, or firm, or flat as they “should” be.

Marilyn tells me, “My older sister Anna has always been very careful about what she eats, and she has always been thin. When I was young Mom would remind me that I was getting a little heavy and should be careful like Anna. Now when my weight goes up, I feel out of control and remember how disciplined my sister is.”

Ellen lives with a morbid fear of gaining weight. One day she turned to me and protested, “How can you possibly understand how I feel when you’re not heavy?” Some therapists write about eating disorders because of their own struggles. Their books reveal years of personal pain and growth. I can’t give you a first-hand account of my agonies as an anorexic or my bouts with bulimia. I feel fortunate that my weight has been average and stable most of my life. Yet I do know how frustrated Ellen feels, because I’ve felt that way too, as have most average-weight women in one way or another.

There was a time when I carefully monitored every meal, compulsively weighed in twice a day, and constantly longed to be just a little thinner. Like Ellen, my self-conscious preoccupation traced back to adolescence—to that sixteenth summer when I fell in love
with my new boyfriend and out of love with my new body. I'd been working at a camp, helping myself to extra helpings of everything and filling free time with junk food.

I returned home eight weeks later and eight pounds heavier—heavier than I had ever been. Having finally grown into my maximum adult size, I felt grossly overgrown. I hated my fleshy hips as much as I hated the slim-hipped beauties I seemed to see everywhere. For the next ten years I tried to eat slightly less than I really wanted and always weighed slightly more. A nagging discontent distorted my body image. Those were the years when Twiggy or her equivalent smiled from the cover of every magazine.

**THE SHRINKING IDEAL**

Being heavy hasn't always been considered unattractive. For centuries, fat was fashionable in western culture, and a full-bodied maternal look was idealized. At the turn of this century, doctors encouraged plumpness as a sign of good health, much as they push thinness today. In those days, a typical chorus girl was 5'4" and weighed 140 pounds. Then came the flapper era, and the slimming of the American woman began in earnest.

As families grew smaller and women took jobs outside the home, our perceptions of feminine beauty reflected these social changes. The beauty ideal shifted from looking like an earth mother to looking like a playgirl. Today we are weighed (and often rejected) by a culture that scales female beauty down to a smaller size than ever before.

Beauty contests became increasingly popular, and the winners grew taller and thinner over the years. So did the *Playboy* centerfolds. Analysis of advertisements shows that the use of plump models has decreased steadily in the past thirty years. Commercial images provide powerful models for social comparison. They become the yardstick against which we weigh and measure ourselves. The significant increase in eating disorders since 1970 is blamed in part on pervasive media images in which a very thin body type predominates, and where positive social qualities are linked with being thin while negative ones are paired with being heavy. A dieter's mentality is thereby reinforced every time you turn on your TV set.
FATISM AS A FACT OF LIFE

The cultural message that fat is offensive is not very thinly disguised. A well-known actress announces emphatically that, "no matter what your age, if you’re overweight, you won’t look very good." As we’ve already seen, looksism is a harsh truth. And looksism gives birth to fatism, another cruel stereotype that affects us all, no matter what we weigh. Fat people have been called "the last safe minority to pick on." Stereotypes are learned early in life. When asked to choose the photograph of a child they would like as a friend, youngsters pick the fat child last, after they choose photos of handicapped and disfigured children.5

Ellen watches her two teenage daughters as their bodies grow more like her own. "If you let yourself get heavy," she warns them, "you’re going to have a hard time, too." Her fears are not unfounded in a culture that’s so guilty of looksism and so unforgiving of overweight. To check your own fat bias, rapidly complete each of the following sentences on paper:

I think fat women . . .
Thin women are . . .
Fat people should . . .
If I were very fat (or, Because I’m very fat) . . .
If I were very thin (or, Because I’m very thin) . . .

Here are some typical responses given to the above statements:

Fat women "probably hate themselves . . . should get help . . . must be really unhappy about their bodies . . . are a turn-off . . . aren’t very appealing."

Thin women are "lucky when it comes to buying clothes . . . used to getting more attention . . . able to eat whatever they want and enjoy their food . . . the kind of people I hate and envy most."

Fat people should "realize how awful they look . . . do something about themselves . . . take more pride in their looks."

As with other stereotypes, looksism starts with false beliefs and ends with overt discrimination. Weight bias is real. It influences job
interviews, promotions, college admissions. Heavy people have a harder time finding dates, mates, jobs, and friends. Research confirms that the psychological and social consequences of fatism are real and unjust. Yet most of us contribute to it, partly through our attitudes toward our own bodies.  

What traits are commonly associated with weight? Thin people are stereotyped as prettier, healthier, sexier, more disciplined, and better. Fat people are seen as ugly, bad, undisciplined, sloppy, weak, and unclean. As you can see, there are moral connotations to weight. Thin equals good while fat equals bad. In other words, if you’re fat you’re no good and it’s your own fault.

This is how fatism gets justified by perfectly nice people. This is why other nice people feel deeply ashamed of their bodies and of their “inability” to control them. Weight shame spills over into self-image. Ellen explains, “When I feel fat I feel ugly . . . because fat people don’t seem to care about their appearance and I know that’s the message my body conveys.”

**DIET MYTHOLOGY**

Fatism is partly a product of false assumptions or myths. These myths are kept alive by propaganda from many sources. It prompts the basic belief that dieting improves the quality of life. We’re encouraged to live and look rich, but to starve in the midst of plenty. The diet and exercise industry is estimated at $10 billion a year. New and intriguing diet books appear every week with titles like *Eat Yourself Beautiful, God’s Answer to Fat Loss, I Love America Diet,* and *The Last Best Diet Book*—all feeding what is described as a “perpetually seducible market.”

Here are some of the myths that contribute to fatism and to the dieter’s mentality. As you read them I think you’ll find at least a few that you firmly believe are true. Carefully review the facts, and consider how these misconceptions have shaped your own body image, as well as your view of others.

**MYTH:** Fat people eat more food or more calories than thin people.

**FACT:** Food intake and obesity are not always related. Some people eat a lot and stay slim; others eat little but still look heavy.
MYTH: Weight is controllable, so anyone can get thin by working at it.

FACT: Weight is largely determined by genetic factors. The range of control differs among people, but it remains rather small for many people.

MYTH: Dieting helps you become thinner.

FACT: Most pounds that are lost through dieting will be regained within a year.

MYTH: Dieting is good for you.

FACT: Highly restrictive diets can cause damaging physical and psychological side effects and lead to eventual weight gain in some cases.

MYTH: Fat people are lazy and emotionally unstable.

FACT: Fat and thin people don’t score differently on most psychological tests, nor have most forms of psychotherapy proved effective in long-term weight reduction.

MYTH: If you eat 3,500 fewer calories, you will lose one pound.

FACT: The relationship between cutting calories and losing weight depends on many factors. The type of food counts as much as the calories it contains.

MYTH: Thin people are happier than fat ones.

FACT: There’s little evidence that happiness is directly related to weight.

MYTH: Women have become thinner over the past twenty years.

FACT: The beauty ideal is thinner, but women are actually a bit heavier than they were several decades ago.

MYTH: Your “proper” weight can be determined from height-weight charts.

FACT: Charts based on statistical norms aren’t accurate for everyone and are frequently revised as medical and social fads change.

These are some of the false assumptions that perpetuate fatism and that make us so self-conscious about our weight. Although the cost of these myths is high, still we have a hard time letting go of them. You may find it helpful to copy this list and post it for daily review. Challenging weight myths and replacing them with truths is a major step in improving your body image. Myths are like automatic irrational thoughts that habitually distort your feelings about yourself.

Recall that cognitive errors can be overcome by challenging them with good rational counterarguments. Take enough time to
work on this important step by using the triple-column technique outlined in Chapter 2. When you catch yourself thinking irrational thoughts about your weight, jot them down, figure out the cognitive error, and challenge it with facts that are more accurate. By replacing myths with truths, you’ll start to think about your weight more realistically and less fearfully.

**EVALUATING SYMPTOMS**

You probably know how painful and exhausting a diet can be. But you may not realize that there are also serious psychological dangers involved in restricting your food intake. Dieting magnifies the importance of food, causing obsessions and fears, guilt and shame that remain long after the diet is over. Dieting distorts hunger awareness. By inhibiting the natural response to the hunger drive, dieting leads to binge eating and compulsive cravings, especially for sweets. It undermines the body’s subsequent ability to regulate weight and appetite. Lethargy, anxiety, irritability, and depression are all common side effects of chronic dieting. The constant stress that the dieter must endure can make dieting much more damaging than the condition it pretends to cure. It can also lead to serious eating disorders.

Eating disorders are defined as “irrational thoughts, feelings, or actions concerning food.” The distinction between an eating disorder and an everyday weight problem isn’t always clear. Serious symptoms are now so common they seem normal. Do you frequently think about weight and wish you were thinner? (weight obsession). Are you afraid you’ll get fat unless you constantly control what you eat? (fat phobia). Do you feel anxious or depressed when you eat things you “shouldn’t” or when you eat more food than you “should”? (compulsive dieting).

Following are the symptoms commonly associated with eating disorders, as listed by Susan Kano in her excellent workbook, *Making Peace with Food.* If you recognize these problems in yourself, it’s time to reassess your relationship with weight and with food. Your ideas about what’s healthy for you may have reached unhealthy proportions. Consider how frequently you experience these symptoms:
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<td>Chronic desire to be thin or thinner</td>
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<td>Preoccupation with eating or dieting</td>
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<td></td>
<td>Fear of losing control of eating</td>
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<td></td>
<td>Preoccupation with body size and body image</td>
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<td></td>
<td>Fear of gaining weight</td>
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<td>Unstable self-esteem that is affected by weight control</td>
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<td>Excessive/obsessive exercising</td>
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<td>Frequent binge eating</td>
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<td>Purging through laxatives, diuretics, or vomiting</td>
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<td>Weight gain or loss of 20 percent or more up and down</td>
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<td></td>
<td>Menstrual periods that are irregular or absent</td>
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<td>Compulsive weighing</td>
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These problems are common by-products of the dieter’s mentality. They derive from the basic cognitive error that weight is easily controllable and should be controlled. In fact, what you weigh today may have been “set” before you were even born.

**UNDERSTANDING SETPOINT THEORY**

It may be your biological fate to be fatter than you wish. In the same way that genes control your hair and eye color, they also influence your weight. You were born with a sensitive weight-regulating system that maintains appetite, metabolism, and body fat. These determine what is called your natural setpoint weight. This setpoint isn’t really a point, but a weight range that shifts in response to various factors.

Your body is programmed to keep within its natural weight range. When you start dieting, your setpoint mechanism becomes a fierce opponent fighting to maintain its proper balance. As you eat less, the body has its own devices that defend you from losing weight. Metabolism slows down, appetite increases, and calories are used more efficiently. Physical and psychological stress build as you continue to diet, and nature fights back.
Our weight-regulating systems probably evolved to protect us from starvation during periods of famine. After you’ve been dieting for a while, your body may gradually push the setpoint up higher, as if it were preparing for another period of starvation. This results in the typical weight-gain rebound that most dieters experience after a diet is abandoned.

Dieting may therefore make it even harder for you to stay at what was a previously comfortable weight level. Despite your heroic efforts to eat less, you may wind up raising your “fat thermostat” which ultimately causes you to weigh more. (See the Resource section on food and weight for further information about setpoint theory.)

People differ. Some have a wide weight range, others a narrow one. Some can gain and lose easily, while others have setpoints that aren’t easily reset. For obvious reasons, your body is threatened more by weight loss than by weight gain. So it’s probably easier to put weight on than to take it off. And it’s also easier to remain at the higher end of your natural weight range than at the lower end of it.

The natural weight that your body is set to maintain often differs from three other weight goals that are probably important to you:

1. The present cultural ideal of physical beauty.
2. The medical ideal advocated for good health.
3. Your personal beauty ideal.

The cultural, medical, and personal ideals do change over time, just as your setpoint range may also change.

Look at Marsha, for example—a 5’6” college student. Her natural setpoint range is 140 to 150 pounds and she can easily maintain that weight. Right now, the cultural ideal for someone of her build is about 120 to 130 pounds. But her personal concept of ideal beauty is a super-thin 115. Clearly she can’t satisfy all of these ideals at once. Because her personal ideal is so low, and her natural setpoint is much higher, she constantly feels too fat and is chronically dieting. Consider your own personal-weight ideal—the weight you would like to attain and remain. How does it compare with the cultural ideal that is now admired? Is your personal ideal higher or lower than the medical ideal that’s recommended for someone of your height and age? Now let’s try to get
an idea of your setpoint range so you can see how it compares with these other ideals.

**Sizing Up Your Natural Weight Range**

What should you weigh? It's hard to say. Assessing your natural weight range may help you see and accept your body as nature designed it. Start off with a "guesstimate."

1. **Guesstimate.** Where do you think your weight would stabilize if you exercised moderately every other day and ate all the "healthy" food you wanted? (Note: healthy food is high in nutrients and low in fat, salt, and refined sugar.)

   *I guess that my natural weight range is between _____ and _____ pounds.*

2. **Weight history.** Take a weight history to improve your guess. Start with an image of yourself at about age fifteen and try to recall your weight at five-year intervals. (Use photos and special events like graduations to jog your memory.) As you recall your weight patterns, consider your activity level and your efforts to diet at each age. Make a chart that includes your age, weight, activity level, dieting efforts, and any other relevant factors. Here's what Ellen's weight history looked like:

<table>
<thead>
<tr>
<th>AGE</th>
<th>WEIGHT</th>
<th>ACTIVITY</th>
<th>DIETING EFFORTS</th>
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<tr>
<td>15</td>
<td>125</td>
<td>Low</td>
<td>Constant dieting, pills</td>
</tr>
<tr>
<td>20</td>
<td>133</td>
<td>Low</td>
<td>Moderate, college food</td>
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<tr>
<td>25</td>
<td>122</td>
<td>High</td>
<td>Smoking, went to diet doctor</td>
</tr>
<tr>
<td>30</td>
<td>135</td>
<td>Moderate</td>
<td>Moderate, after 2 children</td>
</tr>
<tr>
<td>37</td>
<td>138</td>
<td>Moderate</td>
<td>Stopped smoking</td>
</tr>
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3. **Average weight.** Examine your weight change over time and calculate the average. Ellen's weight varied by about sixteen pounds (122-138) and her overall average is 131. What is your average weight _____? What is the total amount of variation _____? Now look at your highest and lowest adult weights. What special factors lead to these extremes? Illness, dorm food, depression, exercise, dieting, smoking?

4. **Dieting efforts.** Has your weight gone up and down by 20 percent or more? This may mean that your setpoint has become
somewhat higher as a result of yo-yo dieting, so take this into account. When you stop dieting, does your body generally return to a particular weight? Can you stay at this range without much effort? Make note of that weight range.

5. *Genetic factors.* Is there a tendency to be heavy on either side of your family? You may have those same "fat" genes. Were you heavy as a child? If so, your setpoint may be higher than most people and you must keep this in mind.

6. *Age.* Have you gained a few pounds each decade after reaching age thirty? This is common and may continue unless you keep increasing your activity level or are very careful about the kind of foods you eat.

7. *Activity level.* Are you naturally active or inactive? Can you see how changes in exercise levels have affected your weight at different times in your life?

8. *Other factors.* Additional factors that can influence your setpoint include hormonal changes, stress, alcohol, nicotine, and other drugs and medications. Take these into account when you look at the fluctuations in your weight history.

*Using This Information*

Now try to estimate your natural weight range once again, using your weight history as a guide. Remember, it’s not what you want to weigh, but the weight your body seems to dictate over time. The range might be as narrow as five pounds (115–120) or as broad as thirty or more (140–170). There is no simple test or specific formula for computing your setpoint. But you can get a sense of it by honestly reviewing your weight history. Think carefully and come up with a revised estimate based on fact rather than on fantasy.

*Considering my weight history, my setpoint range is probably between ___ and ___ pounds.*

If you’re still unsure of your setpoint, try to experiment with it over time by letting your natural weight-regulating system operate freely. See if you can maintain your present weight for three months by eating what you need to satisfy your appetite. If you can’t maintain a stable weight level, then consider whether (1) you’re
trying to live below your setpoint, (2) you’re not active enough, or (3) you’re eating unhealthy foods.

Setpoint theory doesn’t mean that you have no control at all over your weight. It does mean that the amount of control is limited by genetic factors, and that this degree of control varies from person to person. Your natural range can be shifted up or down to some extent. If you’re highly active every day, eat very few sweet or fatty foods (but do eat sufficient calories), you might comfortably maintain a lower weight. If you become less active or eat foods with a high sugar and fat content, your weight may drift upward even though your caloric intake remains the same.

As you begin to appreciate the power of setpoint, you’ll realize that terms such as “normal weight” and “overweight” take on new meaning when they are reconsidered in light of setpoint theory. What looks overweight or underweight to others might be normal for your body. It’s certainly not normal for everyone to want to be a size 6 or 8. It’s not normal to constantly starve or dread every meal in order to maintain a “normal” weight. If you think you’re too fat, stop and ask, “Too fat for whom or for what?” Think about the cultural pressures that create that label. Consider the factors in your past and the people in your present that make you feel too heavy. Your weight problem may really be a labeling problem in a culture that has only two extreme categories: fat or thin.

Recall that half the women in the Bodylove Survey felt they were between one and twenty pounds overweight. Many of them are probably within their natural weight range and are only overweight in terms of their personal ideal. How about you? Have you been struggling for years to stay at a certain weight or to lose five or ten more pounds? Do the benefits really justify the costs? Living at 5 percent below your natural setpoint may be a much greater strain on your health than being 5 percent above your personal ideal. If, with great effort, you manage to keep yourself somewhat below your natural setpoint, you may be constantly hungry, restless, irritable, craving sweets, and overly concerned with food.

From working with clients, I know that setpoint theory feels very threatening to most women. It’s hard for anyone who’s been hooked on the dieter’s mentality to accept the notion that weight is largely controlled by genetic factors. Most women are afraid that if they stop dieting they’ll start gaining endlessly. That if the body is set free of constraints, it will become enormous. Be reassured that
this almost never happens. You may also feel a sense of defeat or shame, as if "giving in" to setpoint means you’ve failed at dieting. But try to remind yourself that working with nature rather than against it isn’t a failure.

Why not experiment for a while by accepting setpoint theory and allowing your body to regulate itself? You can always return to the dieter’s mentality when and if you choose. Your feelings of fear may be strong, but they aren’t based on fact. Fear only adds to your resistance to change.

**SELF-SABOTAGE THROUGH RESISTANCE**

As you know, resistance can be one of your greatest obstacles in achieving bodylove. Resistance is especially strong when you’re faced with accepting a setpoint that’s heavier than your personal ideal—and perhaps heavier than the cultural and medical ideals, as well.

At age thirty-eight, Ellen’s setpoint was probably somewhere between 130 and 140 pounds. Accepting this as her natural weight range meant giving up the idea that she should lose at least ten pounds. Dieting had been a way of life, and letting go of the dieter’s mentality meant changing all kinds of automatic thoughts that were basic to her body image. Not surprisingly, she resisted, insisting that she should and could be thinner. As you read over Ellen’s list of resistance theme songs, I’m sure some of them will sound all too familiar to you. Can you refute each of these automatic thoughts with a good rational counterargument?

If I stop dieting, I’ll never stop eating.
I’m good when I’m dieting and bad when I’m not.
My stomach is so big I have to do something about it.
I really should be thinner than I am.
If I lose weight I’ll like myself better.
If I lose weight other people will like me better.

Remember that we each have our own resistance styles. Ellen was a rationalizer. She had excellent reasons why the other diets had failed and the next one would work. Procrastinators say they’ll stop
dieting some day, but not right now. Avoiders don’t pay any atten-
tion to the facts. Recall your own resistance style and remember that
resistance will keep you stuck in your present state of weight con-
flict unless you work to overcome it.

Resistance is a form of self-sabotage, but you’re subjected to a
great deal of social sabotage as well. Accepting your natural setpoint
is very hard when dieting is constantly being reinforced. Reinforce-
ment comes from the media in a stream of fatism and weight-loss
propaganda. It comes from well-meaning loved ones who encourage
you to lose weight for your own good. This stream of social sabo-
tage can keep you trapped in the dieter’s dilemma. If you’re married
or in a coupled relationship, it’s important to consider your partner’s
attitudes toward your weight and toward women’s weight in gen-
eral. Is it adding to your weight anxiety? How could your partner
help you overcome your own resistance to accepting your natural
weight?

For a few months several years ago, Ellen was a slimmer 125.
Despite what she had always believed (and continued to believe),
being thinner hadn’t really changed her life very much. She remem-
bers feeling a sense of achievement, and she enjoyed buying new
clothes and feeling trim. But the more she thought about it, the
more she had to admit that things weren’t really so different then.
Her work as a librarian went on as before; her marriage had its usual
ups and downs.

Every naturally slender woman knows that being thin doesn’t
guarantee bliss, or even peace. Paradoxically, this fact may only
serve to increase your resistance to accepting setpoint. The dieter’s
mentality is one way you may be hiding from other sources of your
unhappiness. If you give up the struggle with weight, other prob-
lems will become more obvious, and this can be a frightening pros-
pect. Ellen observed one day, “I guess it’s not just my weight that’s
weighing me down.” This insight was a breakthrough in helping her
overcome her resistant attitudes and start seeing her setpoint range
as normal and healthy for her.

EXERCISE • Questioning Resistance to Setpoint

If you feel a lot of resistance to your natural weight range, ask
yourself the following questions. They can help you clarify why
setpoint theory feels so frightening, but also why it may be worth
the risk.
What do you gain from your perpetual struggle with weight? And what do you lose from it?
What are you afraid you will lose by giving up the dieter’s mentality?
What might you gain by accepting your natural weight range and making peace with your natural body size?

To carry this exercise further, try putting your responses on paper and taking a hard look at them. Some of your expected gains from dieting are probably based on myth rather than fact. Check them against the list of myths presented earlier to see if you can pick up any cognitive errors that should be challenged. Now look at your fears about giving up the dieter’s mentality. Are these fears realistic or exaggerated? What would change in your life if you overcame your fear and accepted your natural weight range?

Part of the dieter’s mentality is the expectation of getting thinner next month, next year, next life. Hope remains high, even though it’s clear that time tends to remodel most people by pulling down certain parts and padding out the rest. Still, we may cling to the belief that getting older doesn’t have to mean getting heavier. After all, there’s Fonda at fifty—living proof that age can mean fit, not fat.

When asked to estimate their weight five years from now, one-third of our sample expected to slim down and half predicted their weight would stay the same, despite the natural tendency for weight to increase with age. This denial of the reality of weight gain with age stems from a deep fear of fat that can begin quite early in childhood.

What do you think your weight will be five years from now?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>MUCH LESS (20 OR MORE POUNDS)</td>
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<tr>
<td>23%</td>
<td>SLIGHTLY LESS (5–10 POUNDS)</td>
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<tr>
<td>52%</td>
<td>REMAIN THE SAME</td>
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<tr>
<td>13%</td>
<td>SLIGHTLY MORE (5–10 POUNDS)</td>
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<td>1%</td>
<td>SOMewhat MORE (10–20 Pounds)</td>
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<tr>
<td>1%</td>
<td>MUCH MORE (OVER 30 POUNDS)</td>
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RELAXING IMAGES

You saw in the last chapter how visual imagery alters feelings about the body. Visualization can also be combined with relaxation to reduce specific fears and phobias. For instance, if you remain fully relaxed while imagining yourself taking a test or giving a speech, you eventually start to feel less tense about doing those things and can face them more easily.

When relaxation is combined with “fat imagery,” it can help reduce tension about “excess” weight. Relaxation inhibits anxiety. The condition of being relaxed counteracts the condition of being afraid, so that a kind of counterconditioning occurs. This therapeutic technique has been called desensitization because it gradually reduces your sensitivity to something fearful.

In order to desensitize a particular fear, relaxation plus imagery must be paired over and over again. The goal is to recondition yourself to react calmly rather than tensely. The following imagery exercise will give you an idea of the process. You’ll have to practice repeatedly, however, to reduce anxiety about your natural weight range.

EXERCISE • Learning Relaxation

There are dozens of gourmet recipes around for learning to relax. (See the resource section on relaxation.) Some are complex techniques, but I think it’s easier to get started if you don’t make a big deal of it. Only a few ingredients are really essential.

1. Take time out (about twenty minutes) and label it “For Relaxation and Visualization.” Sit or lie comfortably in a quiet place. Close your eyes and dim the lights to block out visual stimuli. Loosen your clothing and shoes. Check over your muscles to see which ones feel tense. Neck, shoulder, and face muscles are especially likely to need release. Just go slowly from head to foot and relax all parts of your body.

2. Breathe slowly and deeply. Fill your lungs as you inhale and concentrate on letting go as you slowly exhale. Try to turn off your mind and focus inward on your breathing. If thoughts intrude, simply repeat a phrase such as, “I’m calm and content.” Begin the
visualization by seeing yourself as you are now, in this relaxed position. Then go on to the guided imagery that follows.

EXERCISE • Accepting Your Setpoint

1. Start by visualizing yourself in a huge and elegant bathroom with polished mirrors everywhere. There’s a skylight filled with bright sunshine and ferns hanging all around. You’re relaxing in a fabulous marble tub filled with perfumed water. You feel at ease in your body as it floats in the warmth. Just enjoy the way your body looks and feels in this vision. Stay there as long as you want—luxurious, content, and fully relaxed.

2. When you’re ready, watch as you step out of the tub and onto a nearby scale. Looking down you can see that your weight is exactly in the middle of your setpoint range. The scale tells you that you weigh just what your body requires. Remain calm and relaxed as you think about being the right weight for you—the weight nature intended.

3. The sun comes through the skylight and your body gleams with bath oil. Now visualize yourself turning to the mirrors all around you and studying how your body looks at that natural weight. Stay relaxed as you visualize your curves, your muscles, the ripples of your flesh. Remember, female bodies are supposed to have extra padding on their hips, thighs, stomach, breasts. Breathe deeply and remain calm.

4. You’re still in that beautiful bathroom feeling at peace with yourself. Watch as you study your female body—its lines and fullness. Visualize yourself from different angles. Notice where your body is especially fat, and how this fat changes your form. When you have explored and accepted yourself from all angles, visualize your imaginary self, repeating a mirror affirmation. Watch as she gazes into the mirror and repeats, “My body is lovely at its proper setpoint weight.”

5. Slowly come back to reality by imagining yourself in the present scene. The goal of this exercise is to help you accept your natural weight range and accept a body that may be heavier (or thinner) than you wish. If this visualization makes you anxious, you should try to repeat it a number of times to desensitize your fears. Remember that estrogen pads the female body with fat on certain
places. Fearing fat means fearing the most feminine parts of yourself.

**LIFE AT LARGE**

It's hard enough to live in an average body when average won't do in a thin society. How can someone adjust to living in a big body? There's no denying that heavy women have a special challenge in their pursuit of bodylove. They generally are more self-conscious than thinner women and more concerned about their looks. For those who were heavy in childhood, the struggle toward a comfortable body image is especially difficult. Some try to psychologically dissociate from their fat, pretending it's not really them. As Kathy described it:

> When I'm fat, I don't live in my body. My head is going “Hey, this isn't me.” It's a tape running through my head like static and it interferes. . . . This doesn't count because I am fat. I'm not really here because I'm fat.

Given all the problems caused by fatism, can a heavy woman be a happy woman? The answer is yes, of course she can. Not only happy but successful, productive, and well adjusted. There are many big women who move well beyond their weight and into life. In fact, research shows little connection between weight and psychological well-being. Despite the social stigma that heavy women must face, it doesn't necessarily make them miserable. Here is a contrasting voice to the one above:

> I really am fine as a fat woman. I'm often beautiful. I will never be thin. It's taken me many years to accept this about myself. I will not postpone my life any longer, not for anyone's standard of beauty. There are so many of us it profits none of us to have to battle . . . for the right to exist.

Organizations like the National Association for the Advancement of Fat Acceptance are working to change cultural attitudes and combat fatism. Such groups help their members to reduce shame and build self-confidence. (See the resources section on food and weight.) If your natural setpoint is clearly high, you might benefit from joining a
support group. By sharing with others and hearing their experiences, you can end the isolation and shame that come from feeling that your size is somehow your fault.

If you’re heavy, take some time to make a list and collect photos of heavy heroines who can serve as role models for you. There are hundreds of wonderful large women, from Queen Victoria to Nell Carter, who have led admirable lives, brought joy to themselves and others, and made a real impact on the world. You can learn to identify with them and with their full-bodied potential.

It was fat women themselves who started throwing the F word around, creating slogans like Fat Liberation, Fat Oppression, and Fat Pride. They exposed the secret that fat was a fact of female life. And they began to ask some important questions: How can we be strong and healthy but also dieting and starving at the same time? Is weight obsession a sign that women are still afraid to grow into the proportions and the positions of a full-grown adult?

Lookism and fatism affect all of us, no matter what we weigh. To challenge these stereotypes we can start opening our mouths: to share our obsessive thoughts about food and our fear of getting fat; to describe the binges, admit the purges, and question the despotism of slenderness. By speaking out we bring weight conflicts out of the pantry closet and relabel them as social problems rather than purely personal ones. At the same time we must learn to close our mouths: not to reject food, but to stop talking incessantly about dieting; to stop complimenting each other for minor weight loss as if it were a major accomplishment. Collectively we can work to scale down the importance of weight.

**WEIGHING IN LESS OFTEN**

Every spring I have a medical checkup. Most years I check out just a little heavier than I checked in the year before. Now I’m working hard to broaden my ideal image and make room for middle-age. The doctor’s scale is a bit on the low side. Usually I come home and find myself comparing it to my own scale, the one I’ve used all too often over the years.

Scales, like mirrors, can be tormenting and addictive. Fighting them isn’t easy, as you probably know. For Ellen, for me, and for countless other women, climbing on the scale is one sure “weigh” to increase anxiety. How often do most women do it? Half of those
in the Bodylove Survey said they weigh in only rarely or monthly, but one-third do so more than once a week.

How often do you weigh yourself?

28% RARELY
21% ONCE A MONTH
20% ONCE A WEEK
15% EVERY FEW DAYS
15% ONCE A DAY
2% TWICE A DAY OR MORE

How often should you weigh yourself? If your activity levels and eating patterns are stable, once a month is plenty. If you’re working to alter your weight by changing your eating and exercise habits, then weighing about once a week is enough to help monitor progress. Recording your weight at the beginning of each month will show you trends over time. It’s these long-term trends rather than weekly fluctuations that are important. Daily weight changes up or down a few pounds are normal and unimportant. By constantly monitoring them you only magnify their meaning.

Debra’s addiction to her scale was as compelling as any drug habit. Sometimes she stepped on and off several times in a row to confirm the machine’s accuracy. Weighing was a ritual of confirmation for her, as it is for many women. Debra’s scale measured more than mere poundage, for pounds had become the measure of her value as a person. The following exercises can help you climb off your scale if you think you’re on it too often.

**EXERCISE • Scaling Down the Scale**

1. **Monitoring.** Begin by gathering baseline data to find out how often you weigh in. Try not to change your weighing behavior while you’re counting it. For a month, tape a chart on the scale and record the date and time of each weigh-in along with your weight. At the end, figure out how often you’ve weighed yourself during the month and compute the weekly (or daily) average.

2. **Withdrawal.** Set a daily or weekly quota that is just slightly lower than your baseline average. Try hard to weigh only on
schedule; for example, once a day before dressing; once a week on Friday; once a month on the first Sunday. Continue to keep track of your scale activity and slowly cut back. Move the scale out of the bathroom or bedroom to a less accessible place (in the basement or on a high shelf). The more effort required, the less likely you’ll be tempted to use it. Could you get rid of the scale altogether—like throwing away an addictive substance?

3. **Blind weighing.** You probably know your weight before measuring it. Try recording an estimate before you weigh in, and then write down the actual weight beside the estimate. You may discover that the scale usually feeds information you already have. Now tape over the face of the scale for a while and practice accepting your estimates as fact.

4. **Demolition.** Another exercise that can feel wonderful is to actually sacrifice your scale as a symbolic act of freedom. Vent your anger at all the grief it’s caused you by actually breaking it to pieces. Get a hammer, screwdriver, or other weapons, and beat up the scale instead of beating up your body by chronic dieting. Why not invite a friend over and have a demolition party?

**CONSUMING PASSIONS**

The dieter’s mentality often leads to a compulsive attitude toward weight, and in turn to a compulsive relationship with food. If you
sometimes lose control of your eating behavior, pay close attention here. Binge eating is a common problem—one that isn’t so easy to solve.

Although Monica strongly resists the idea that she should stop dieting, she readily agrees that her eating patterns aren’t normal. Years ago a college roommate had introduced her to the art of binging, and she has been doing it once or twice a week ever since. Like other compulsive eaters, she consumes large quantities of sweets or other high-calorie foods during a binge, always very quickly and very privately. When a binge takes over, she can’t stop herself: “Nothing else seems to matter once I start. It’s as if someone else gets inside my head and I lose all control. After a binge, I feel so bloated and guilty, all I want to do is sleep.”

Monica doesn’t vomit, but she does experience other symptoms of bulimia such as depression and self-loathing. Whether she is “good” and controls her binges, or “bad” and gives in to them, food dominates her life. Like other compulsive eaters, Monica sees herself as much heavier than she really is. Binge eating can almost always be traced back to a serious and often successful attempt to lose weight. Although the pounds may have been regained long ago, the dieter is left with a long-term eating problem.

It’s important for you to remember that a major cause of compulsive overeating is chronic undereating. Dieting creates a powerful hunger drive. Whether or not you want to feed it, your body demands to be fed. The setpoint mechanism interprets weight loss as a major threat to health and life. Often, some emotional stress will break down the self-discipline that has been keeping you on the diet. A trivial upset—something as small as getting a parking ticket—can be the last straw that triggers the binge. In effect, your setpoint works relentlessly to overpower your willpower.9

EXERCISE • Binge Control

Here are some techniques to help you gain control of the urge to eat compulsively:

1. Gather baseline data by keeping records of your binges. Jot down when, where, and what you eat. This will help you chart your progress more accurately.

2. Develop delay tactics to postpone the binge a few minutes. For example, decide on a special binge outfit that you must change
into before you start every binge. Then call up for a weather report. While you’re changing or making the phone call, your urge to binge may subside.

3. Resolve to always begin a binge with a mirror affirmation. For example, stand before your reflection and repeat: “It’s healthy to eat when I’m hungry and to stop when I’m full. I give myself permission to have whatever I want.” This ritual helps convert the binge from “bad compulsive behavior” into good permitted behavior. It will give you a sense of being in control rather than being taken over by the binge.

4. Try always to binge in front of the mirror so you’re not so “alone.” Watch yourself eat and notice the difference between eating compulsively and eating consciously.

5. Set a timer to interrupt the binge every five minutes. When it rings, stop eating for a moment, repeat your affirmation, and ask yourself whether you’ve had enough. You may want to continue binging, but make this a conscious decision. If so, reset the timer for another five minutes. If not, then throw out all remaining binge food.

Monica reported that, “I chose a really tight pair of jeans for my binge outfit so the binge became so uncomfortable I could hardly breathe. My sister is the only one who knows about my eating problem, and she said I could call her as a delay tactic. She doesn’t try to talk me out of eating but just chats for a while, and this helps me get over the urge to go crazy with food.”

If you’re a compulsive eater, set modest goals for yourself, go slowly, and don’t expect total success. For some women like Monica, binge eating is an addictive disorder that needs professional help. Consider whether you may be in that category. Have you been binging on a weekly basis over a long period of time? Do you eat so much at a binge that you feel sick? Do you try to hide your binging behavior? Remember that binge eating is generally caused by chronic dieting. In many cases, compulsive eaters have lost the ability to recognize or respond to the natural signals of when to start or stop eating. Ironically, they need to rediscover their hunger.
FROM FAMINE TO FEAST

Would you starve someone you love? Dieting is destructive when it denies you the basic right to nourish and nurture yourself. "To nurture" means to support or sustain with care and concern. Food is an essential part of self-nurturing. Whether you're thin or fat, your body needs nourishment. Loving your body means trusting your natural weight-control system and tuning in to the hunger signals it sends.

Chronic dieting creates a state of mistrust between mind and body. When you don't trust your body to regulate itself, you feel compelled to diet. And when your body, in turn, stops trusting you to feed it properly, it fights back by causing binges or by adding extra pounds. This mind-body tug-of-war traps you in a self-defeating cycle. The mind wants less weight, the body wants more nourishment. Your body cries out, but you pay no attention. There is a breakdown in hunger awareness, a loss of sensitivity to the very hunger signals that keep you healthy, even when they are loud and insistent.

If you're so used to dieting that you've lost track of what it feels like to be hungry or full, it's time to get reconnected to these feelings. It's time to pay better attention to your body's messages and to respect them. You can start by declaring a Hunger Awareness Week. For seven days, listen carefully to body signals. Notice your cravings, your thirst, and your restlessness. Feel the pangs that grow from your stomach, that roll from your mouth, or that float through your head when you're hungry. For one whole week try to respond to these urges. Do you feel like snacking every hour? Do you hate food in the morning but feel famished all evening? Does hunger feel different before meals than afterward? Take a chance that week. Indulge yourself in the foods you crave, and trust your body to know what it wants and needs.

You may be so numbed by chronic dieting that you never feel hungry or that you feel hungry all the time. If so, try eating on a four-hour schedule, at the same time each day. Eventually you'll start to get hungry before each meal. Once you can tune in to these sensations instead of tuning them out, as you've done for so long, you're on your way to a healthier pattern of eating.
THE NO-DIET APPROACH TO HEALTHIER EATING

By now I hope you’re beginning to realize that you don’t have to keep on dieting to achieve bodylove. But you may have to change how you think about weight, food, and body image. In summary, here are some basic guidelines for replacing the dieter’s mentality with a no-diet approach to healthy eating.

1. Recognize hunger and eat in response to it. Food is nourishment, not punishment. Eating is good for you, so stop feeling guilty when you do it. Once you accept that it’s okay to eat, you may find it easier to stop eating when you’re satisfied. Pause several times during a meal and ask yourself whether you feel full and have had enough. Notice the difference between hunger at the start of a meal and fullness at the end of it.

2. Improve the quality of the food you eat. Healthy food is high in nutrition and low in salt, fat, refined sugars, and sugar substitutes. (See the resource section on food and weight.) Start keeping track of the unhealthy foods you commonly consume. Gradually cut back by substituting more high-quality nutritious food for low-quality junk food. There are no foods that are totally taboo. Therefore, when you indulge in a fudge sundae it doesn’t break your diet or give you an excuse to binge further. After a splurge, just get right back on the healthy eating track. Since you’re not dieting, you can eat as much healthy food as you want.

3. Accept your weight limitations. Individual weight limitations are dictated by your setpoint and by your body shape. You can work to adjust your weight within your natural range by making permanent changes in what you eat and how you exercise. Nutritious food and moderate exercise that fit into your life-style will allow your body to comfortably maintain its natural setpoint. Get comfortable—in your clothes, in your eating patterns, and in your body image.

4. Reduce the significance of weight. Weight is not an accurate measure of self-worth; the value and beauty of a human being can’t be measured on one dimension. What you are is much greater than what you weigh. By defining personal worth from within, you can close the gap between who you are and who you long to be. Self-acceptance is the most essential step in self-improvement.
5. Actively combat the worship of thinness. Whether it comes from the media, from others, or from your own head, the obsession with being thinner is destructive. Recognize fatism when you hear it, and realize that this prejudice hurts all of us no matter what we weigh. Fat and thin alike, we all deserve respect, including you.

After many months of resistance, Ellen is making progress. Some of the weight she gained when she stopped smoking has gradually dropped off. She has given up the goal of "breaking 130 pounds" and is starting to realize that life at 129 is not really much happier than life at 135. In fact, she has been able to announce to family and friends that she's accepting her current weight as right for her body and is no longer dieting. That was a difficult step, but it's helped to free her from feelings of shame and failure. Now she's concentrating on healthier eating and regular exercise to achieve a stable and comfortable weight.

MOVING BEYOND FAT

I've tried to show that dieting is an exercise in futility for most people. But physical exercise can be a fulfilling approach to weight control. Active people tend to be thinner than inactive ones, and heavy people tend to be inactive. Movement steps up metabolism. This means that calories are burned more rapidly, which may be nature's way of pushing the setpoint down somewhat. Weight maintenance through exercise feels different from dieting. You're not irritable, depressed, or chronically hungry.

We all differ in our desire for exercise, just as we differ in our needs for sleep or for sex. In the next chapter, you'll see how the joy of movement can help you overcome your resistance to exercise and add a dynamic lift to your body image.

Beauty can take many forms. Some of us are destined to be full figured or fat, some to be slim or curvaceous, others to be mighty and muscular. Yet all of us can feel attractive and lovable whatever the form our bodies take. If we challenge fatism by changing how we view our size and shape, society will slowly be reshaped as well. We do have some choice in the personal ideals we pursue and in the stereotypes we perpetuate.