

# **It's Not About the Weight: It's About the Person**

PRO Education Forum and Trade Show

April 1<sup>st</sup>, 2008

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# Learning Objectives:

- Identify the goals of programming, how to facilitate participation, as well as establishing a 'safe' relationship between instructor, participant and peers.
- Examine research trends in the "fight" against obesity and explore how those results can help or hinder active lifestyles.
- Identify appropriate language to encourage ongoing participation.
- Develop positive attitudes in activity instruction in order to support increased participation.
- Identify and address self-handicapping issues.
- Determine the best methods to involve ALL participants, starting with the program planning/design process.

# Introductory Activity

Each of you have received a piece of paper with a “frame” on it.

Inside the frame, I would like you to draw your image of an ideal athlete. For example, strong muscles, always smiling, dripping in sweat, etc. Take a moment and really think of how you view the participants in your programs.

After you have completed your drawing, on the outside of each side of the frame, write 4 key words that pertain to athletic ability. For example, strong, endurance, stamina, etc. (You should have 4 words when you are finished.)

You have 5 minutes to complete this activity.

There are markers on your table.

# Introductory Activity Debrief

What types of images were drawn?

What words were used?

As promoters of physical activity, we must be aware that not all our participants will fall into a specific skill category. Too often we centre our program planning around the “ideal” athlete or participant.

When modifications are made they often focus on those with “recognized” physical or behaviour limitations, however, very rarely do overweight or obese children fall into this category.

*“Promoting Physical Activity”*

“Preventing Obesity in Children”

“Halting the Trend of Inactivity”

*“Overcoming the Downward Spiral of Inactivity”*

“Addressing the Dilemmas of Obesity”

*“Obesity Epidemic”*

“Burdens of Obesity”

What are we NOT addressing?

A prominent gap becomes evident when comparing the prevention of obesity to the promotion of physical activity.

Neither addresses the methods needed to encourage children already suffering with moderate to severe weight issues to BECOME and STAY active.

The focus is strictly on PREVENTING obesity in the first place.

**But what about those children who are already overweight or obese?**

How do we encourage  
overweight and obese children  
to be physically active?

Weight bias and discrimination is very common in all areas of society.

In fact, numerous studies have shown that people feel that obese individuals are

**ACCEPTABLE  
TARGETS FOR  
DISCRIMINATION**

# Obesity bias is very real...

## Healthcare Settings

*Common words used by medical staff to describe obese patients:\**

Hostile

Unintelligent

Lazy

Unsuccessful

Dishonest

Inactive

Lack self-control

Weak-willed

Indulgent

Emotionally unstable

Lack will power

Sloppy

Slow thinkers

Poor role models

Poor self-discipline

Incompetent

*\*(Puhl & Brownell, 2001)*

# Educational Settings

Another study had school-aged children rank six pictures of children in varying physical characteristics and disabilities in order of who they would like most for a **FRIEND**.\*

The majority of the children ranked a picture of an obese child **LAST** among children with crutches, in a wheelchair, with an amputated hand, and with a facial disfigurement.

\*(Puhl & Brownell, 2001)

***Peers view obese children as:***

Lazy

Stupid

Ugly

Unhappy

Mean

Having few friends

Undesirable playmates

# Psychological and Social Consequences

Overweight and obese children's self-esteem decreases drastically once they start school.

Self-esteem is lowest among overweight children who believe they are responsible for their weight issues and who believe that weight was the reason for few friends and exclusion from games and sports.\*

\*(Puhl & Brownwell, 2001)

# Emotional Consequences

Depression

Anxiety

Low self-esteem

Poor body image

Social rejection

Binge eating

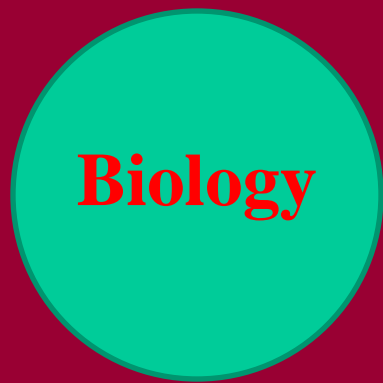
Poor relationships with others

Suicidal acts and thoughts

*Also take into consideration...*

Educators have lower expectations for overweight youth.

Parents can be bias towards their overweight or obese children as well, especially if there is no medical reason found (yet) or they are not struggling with weight issues themselves.



This is the kind of life overweight and obese children have coming to them as adults.

We have the unique gift of giving them an opportunity to build their self-confidence, self-esteem and self-worth.

**Put yourself in someone else's shoes...**

**How would you feel?**



**What can we do to help?**

# FOCUS ON THE INDIVIDUAL!

New research has shown that there are “*more health benefits for the obese if they focus on THEIR cardiovascular fitness, flexibility, muscular strength and endurance.*”\*

Recreation, sport and physical education programs have traditionally focused on the physical fitness **OUTCOMES** rather than physical activity **GOALS**.

Instead of **PUSHING** overweight and obese participants, we need to **INSPIRE** them.

\*(Irwin, Symons, & Kerr, 2003)

# How do we help obese children feel inspired by a perceived enemy?

|  |   |
|--|---|
| Help them see a benefit to physical activity.                                    | Ensure that they feel safe doing the activity, both physically AND emotionally.   |
| Have them start by participating in an activity THEY enjoy.                      | Ensure they don't feel the activity bears any unwanted social costs.  |
| Allow them time to feel competent doing the activity. Don't rush their progress. | Ensure that they experience a minimum of negative consequences such as negative peer pressure, injury or decreased self-confidence. |
| If unsure, encourage an activity they can easily access on a daily basis.        | Make sure they find the activity FUN!   |

# Remember!

**A prescriptive, cookie cutter approach  
will NOT work.**

Programs need to be modified the same way they would be if a child participant had a specific physical limitation.

Don't assume that just because a child is overweight that they just need to be pushed harder. They are not as physically capable as the rest of the class and need program modifications.

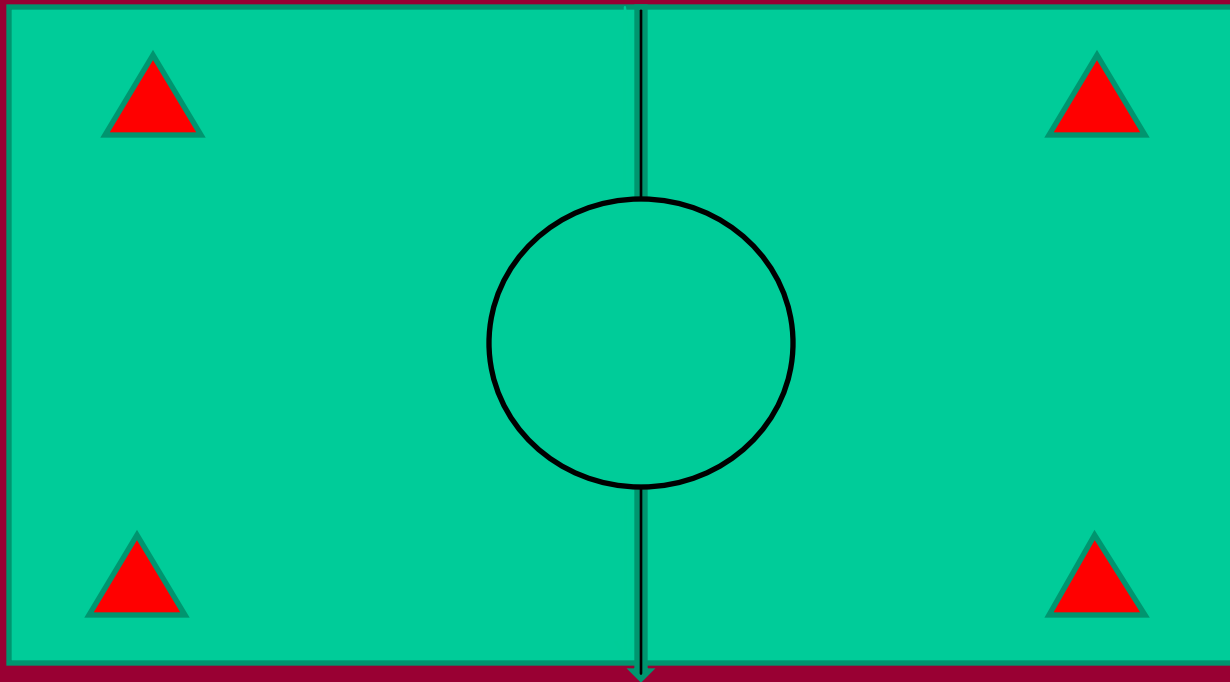
## Recommendations for Instructors:

1. Avoid viewing overweight or obese children as an obstacle to your programming. Programs may need modification to meet their needs and ability levels. Treat the situation the same as you would any other child with a physical limitation. Strategies are key.
2. Be aware of your language use – both verbal and non-verbal.
3. Realize that your attitude is contagious.
4. Establish the environment as “safe” from the onset. Be the caring adult and a positive role model.
5. Appreciate that understanding and compassion go a long way. However, they should not be confused with sympathy.

# Essential Tips for Providing a “Safe” and Non-threatening Environment:

Avoid timed activities or asking for a specific number of repetitions. (e.g. “Once you’ve done 5 laps around the gym...”)

“Hit the Track”

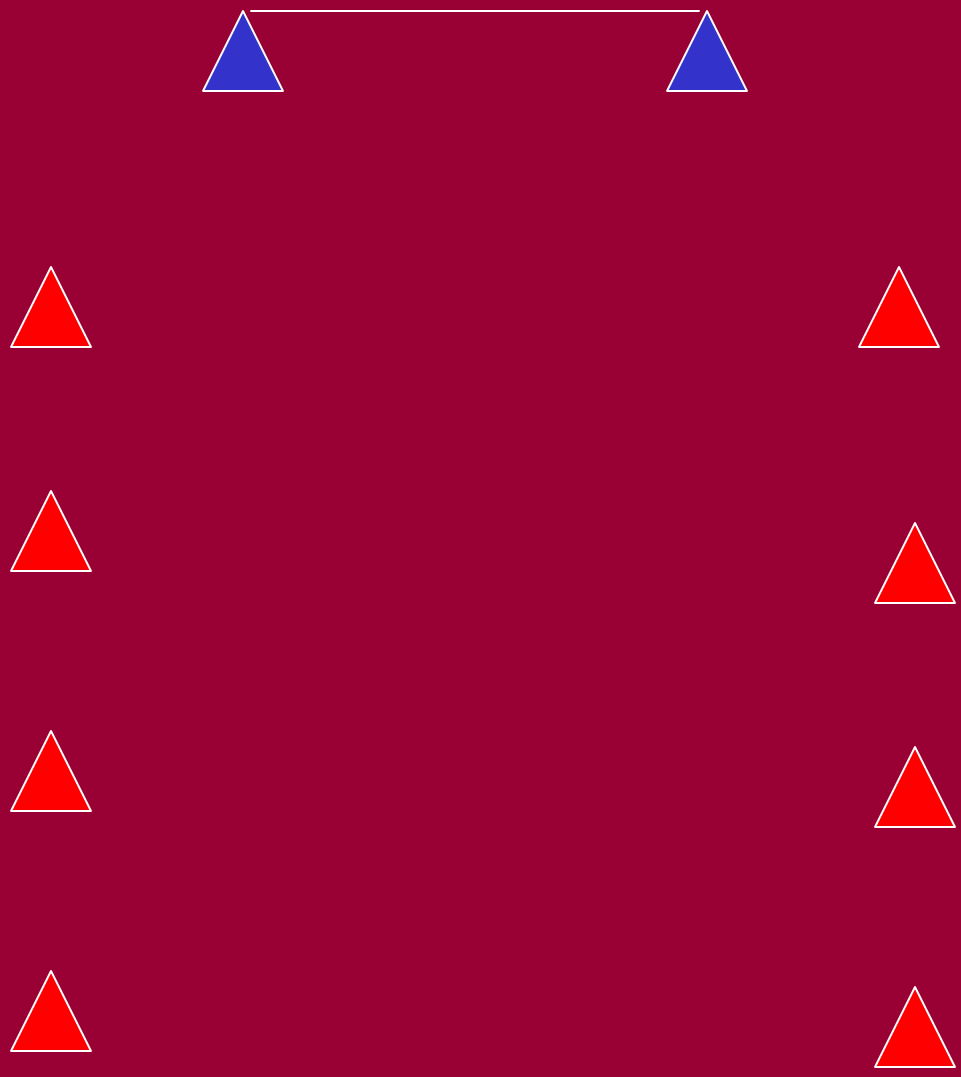


Establish a “**safe zone**”. Give choice without demands. Set up activity areas where you know at least ONE of the activities being offered is of interest to the overweight or obese child.

Establish “**intimidation free zones**” during regular programming (e.g. floor hockey, soccer, basketball, etc.)

Don't always play competitive games. Take a back to basics approach and let all children progress at their own rate.

# Floor Hockey example:



# Try something new!

Be consistent and encouraging. Many overweight and obese children struggle with trying new things for they fear not being able to do it.

Incorporate new activities with old favourites. (e.g. Yoga moves for stretching, dancing to different types of music as a warm up, etc.)

# BASIC PHILOSOPHY

“Necessary for some, but  
good for all.”

-Julie Fader and Theresa Simpson  
New ADDitudes of Windsor

# Dealing with Issues of Self-Handicapping

## What is self-handicapping?

*“Any action or choice of performance setting that enhances the opportunities to externalize failure and to internalize success.”\**

External thought is – “ I can’t do this.”

Internal thought is –  
“ I know I will feel better about myself if I try.”

\*(Wikipedia, 2008)

Some children may take self-handicapping to another level.

This is what is known as **HIGH self-handicapping**.

HIGH self-handicappers still experience internal thoughts, however, they will seek out additional attention first.

They will use their obesity as a way to get attention, whether it be positive or negative.

## *Identify your attitudes:*

Do I make assumptions based on weight regarding a child's character, intelligence, overall health and behaviour?

Am I comfortable working with children of all shapes and sizes?

Do I give positive and encouraging feedback?

Am I sensitive to the needs and concerns of the child?

Put the focus on TRYING....

**NOT** the execution!

**Thank you for your time and attention.**

*Any questions or comments?*

Enjoy the rest of the conference 😊