

# YOUR CHILD'S WEIGHT

Helping Without  
Harming



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**W**hen I was a young dietitian fresh out of graduate school and working in a medical group practice, I was convinced I carried the keys to weight loss for my patients. I had my food lists and my nifty point system for restricting food intake. I even used my point system for children, telling parents what and how much they should let their children eat.

Of hundreds of hopeful weight losers, *two* lost significant amounts of weight and kept it off. Both began as couch potatoes who ate a lot. Both were virgin dieters. They had lots of room for change and they hadn't traumatized themselves—and their bodies—with repeated efforts at weight reduction.

Families provided even more evidence that my system didn't work and, at the same time, gave clues about the adults who had been so unsuccessful with weight loss. On followup, parents reported their child had become a whining food sneak, the siblings spying tattle-tales, and parents police officers. Even children who *wanted* to lose weight sneaked to eat, then felt ashamed of themselves. Despite all the upset, food restriction didn't even *work*. If children lost any weight they gained it back and more besides. In the long run they became fatter, not thinner.

So I went back to the drawing board. Instead of telling parents how to get their child slim, I started from the other end. It is normal for children to eat the amount they need to grow consistently, I reasoned. That being the case, why do some children—and some adults—get fatter than nature intended them to be? I studied lots of individuals and families in detail and read more research papers than I care to think about. The answer was daunting. For the most part, overweight is an iatrogenic condition: It is caused by the cure. In their efforts to do what they had been told was the right thing for their child, parents—and I—were inadvertently contributing to children's weight problems by restricting food intake.

From studying what went wrong with children's eating and weight, I learned the critical importance of doing things right in the first place. The way to prevent overweight, from birth, is to feed and parent well and let each child grow up to get the body that nature intended. In *Your Child's Weight: Helping Without Harming*, I talk about doing things right in the first place. I teach parents to do an excellent job of feeding from the time a child is born until he leaves home. What it all boils down to is this: *Feed and parent well, accept your child's size and shape, and avoid interference.*

## Maintain The Division Of Responsibility With Feeding

From my research and clinical experience, I evolved a guiding principle for feeding: The division of responsibility. The parent is responsible for the *what*, *when* and *where* of feeding, the child is responsible for the *how much* and *whether* of eating.<sup>1</sup> To feed well, you must make an absolute priority of providing for yourself and your family with food. Family meals and sit-down snacks are key to that providing—and to parenting. Children who have regular family meals do better in all ways: emotionally, socially, academically, nutritionally, with respect to avoiding overweight, drugs, alcohol and early sexual behavior. Family meals are more instrumental in positive outcomes for children than sports, tutors, church, music lessons—the list goes on.<sup>2,3</sup>

Doing an excellent job with feeding your child—throughout his growing-up years—will put you decidedly out of step with what goes on around you. As a society, we are abominable about feeding ourselves, only marginally better about feeding our children, and obsessed with weight. Whether we know it or not, in being so off-hand about eating, we scare ourselves and we scare our children, and that contributes to child overweight. To maintain excellent feeding, you have to discard the norms: being casual and ad-lib about eating, grazing, feeding children rather than eating with them, eating on the run. And you have to do it over the long haul.

## Accept Your Child's Normal Size And Shape

My sleuthing led me to the conclusion—now backed up by research—that **the two major causes of child overweight are 1) misinterpreting a child's normal size and shape and labeling it overweight<sup>4</sup> and 2) imposing food restriction.<sup>5</sup>** Every child is born with a genetic blueprint for size and shape and the powerful ability to eat the right amount to support that blueprint.<sup>6</sup> Certainly, some children get heavier than nature intended for them, but some are just naturally heavy. How can you tell the difference? **Weight that plots consistently along a particular percentile on a child's growth chart is normal—even if it is a high percentile.** But weight that accelerates—that crosses upward across growth percentiles—may *not* be normal.<sup>7</sup> If your child's weight accelerates, seek professional help to identify and resolve whatever is causing the weight acceleration. *Your Child's Weight* gives clues to what those causes might be.

“Labeling your child as **overweight** and taking steps to remedy it, whether direct or indirect, make her feel flawed and inferior in *all* ways.”

Children slim down as they get older.<sup>8</sup> You can't predict a child's size and shape until she is grown. If you try to force a certain outcome by restricting food intake or forcing activity, you will likely create the very problem you are trying to avoid. Ignore the current alarms about fat babies becoming fat adults. Do an excellent job of feeding, let yourself nurture, then let your baby grow in the way that is right for her. Feed her on demand, start solids when she is ready, and let her join in at the family table when she is about a year old. I discuss optimum feeding in *Your Child's Weight* and in more detail in still another of my books, *Child of Mine; Feeding With Love and Good Sense*.

Keep in mind that chubby infants and toddlers have a 75% likelihood of slimming down as they get older. It isn't until a child is about 13 years old that the odds of remaining heavy pull even with those of slimming down.<sup>9</sup> But even that can change. At around age 13, children plump up just before they stretch up—and slim down—as they go through puberty.

## Avoid Food Restriction

We are a society of restrained eaters. Seventy-five percent of adults at any time are restricting food intake to lose or maintain weight.<sup>10</sup> Almost everyone tries to eat less food, and less desirable food, than they really want. A few are able to deprive and keep their weight below what is natural for them. The majority are on the diet merry-go-round, imposing and suspending food restriction on a regular basis—and getting fatter as a result. Even if restrictive eating works for you, it doesn't work for your child. Children are a captive audience. They have to live with what we give them. It frightens them and hurts their feelings if they can't count on our giving them enough. If you are on the diet merry-go-round, so is your child, and studies show he is likely to be fatter as a result.<sup>11</sup>

It is impossible to list all the ways that people restrict their eating, but it helps to consider *intent*.

**Are your decisions about food selection intended to make your child eat less and weigh less? If the answer is yes, it is restrained feeding, and it is making your child fatter, not thinner.** Also consider your child's eating attitudes and behavior. If your approach to feeding makes him food-preoccupied and prone to overeat when he gets the chance, you are being restrictive.

## Be Joyful And Dependable About Choosing Your Food

In *Secrets of Feeding a Healthy Family*, I pointed out that if the joy goes out of eating, nutrition suffers. In that book, which is part expose', part food-management survival guide, I help parents and families rediscover the joy and security of sharing good food. As I pointed out in *Secrets*, cooking and eating can be about the happiness, comfort and passion of celebrating wonderful food, enjoying it with others and leaving the table filled with peace and well-being. Instead, cooking and eating today are too often about applying the rules, about struggling with conflict, shame and deprivation and about trying to forgo pleasure in the name of health.

What is the bottom line with food selection and meal-planning? Choose the foods *you* like and provide family meals that you find rewarding to plan, cook, serve and eat. Even the most reprehensible family meal is better than no meal at all. Meals don't have to be gourmet feasts and you don't to please every family member with every food all the time. Apply the division of responsibility. Being the grownup, you get to choose what to put on the table. Be considerate of your young child's inexperience with food and limited ability to chew and swallow without limiting the menu to foods he will readily accept. Your child's job is to learn to eat the food you eat. Put on four or five different food items and always include bread (family members can eat bread if all else fails). Include "forbidden" foods or your child will sneak them when your back is turned. Don't get pushy—let each person pick and choose from the foods you put on the table. Remember, as far as your child is concerned, your presence and your undivided attention are the most important parts of the meal.

## Maintain The Division Of Responsibility With Activity

Children are born loving their bodies, curious about them, inclined to move and driven to be as physically competent as they can possibly be. Good parenting with activity preserves those qualities. Parents provide *structure, safety* and *opportunities*. Children choose *how much* and *whether* to move and the *manner* of moving. Limiting television helps most to encourage increased activity. Even coloring, reading or playing video games are more

active than being mesmerized by the tube. The data isn't in on whether too much screen time in general makes children fat, but managing screen time is still a *parenting* issue. Children who are on the internet too much can get themselves into trouble. Children who get caught in solitary video gaming miss out on socializing and other learning.

As with eating and weight, your having an agenda with activity will undermine your child and your relationship. Even the large child is entitled to like her body and must be trusted to find ways of moving it that are right for her. Resist current attitudes that say, "Well, diet doesn't seem to work to slim children down, but surely activity will." Such attitudes will turn you into a personal trainer rather than a parent, encouraging, cheer-leading, nagging and even coercing your child to *move* in the name of slimness.

## Consider Your Whole Child

Chapter 9, of *Your Child's Weight*, "Teach Your Child: Be All You Can Be," encourages you to accept your child the way she is and expect her to be capable. **Labeling your child as overweight and taking steps to remedy it, whether direct or indirect, make her feel flawed and inferior in all ways.**<sup>12</sup> Instead, help your child develop in ways that *really* matter: Good character, common sense, effective ways of responding to feelings, problem-solving skills, and the ability to get along with others. Children who are relatively fat, like children with other characteristics that make them distinct, need better-than-average social skills in order to succeed.

My audiences and readers—both parents and professionals—ask me, "is that all there is? Surely there is more to it than that." The panic about child overweight makes it seem we should do more—intervene harder—limit eating and push activity—chase an agenda for a child's size and shape. Think about it. How long and how consistently could you supervise your child's eating—in detail—and make sure he eats little enough to be

consistently more-or-less hungry? How long can you keep after him to *move*? How much harm would that do? If you need challenge to feel you are doing something, consider the division of responsibility in feeding. That demands roughly 18 years, *per child*, of good parenting with food. That's a *lot*, and it won't be easy.

The division of responsibility in feeding—and parenting—is not for the faint-hearted. ★

### REFERENCES

1. Satter EM. *The feeding relationship*. *Journal of the American Dietetic Association*. 1986;86:352-356.
2. Hofferth SL. *How American children spend their time*. *Journal of Marriage and the Family*. 2001;63(295-308).
3. Council of Economic Advisers to the President (CEAC). *Teens and Their Parents in the 21st Century: an Examination of Trends in Teen Behavior and the Role of Parental Involvement*. 2000.
4. Satter, E. *Position statement: Eating management to prevent and treat child overweight*. 2003. Web Page. Available at: <http://www.ellynsatter.com/pdfs/ESICO.PDF>.
5. Faith MS, Scanlon KS, Birch LL, Francis LA, Sherry B. *Parent-Child Feeding Strategies and Their Relationships to Child Eating and Weight Status*. *Obes Res*. 2004;12:1711-1722.
6. Satter EM; Chapter 2, "Your child knows how to eat and grow". *Child of Mine: Feeding With Love and Good Sense*. Palo Alto, CA: Bull Publishing; 2000.
7. *Understand your child's growth*. Satter EM. *Your Child's Weight...Helping Without Harming*. Madison, WI: Keley Press; 2005.
8. Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. *Do obese children become obese adults? A review of the literature*. *Preventive Medicine*. 1993;22:167-177.
9. Whitlock EP, Williams SB, Gold R, Smith PR, Shipman SA. *Screening and Interventions for Childhood Overweight: A Summary of Evidence for the US Preventive Services Task Force*. *Pediatrics*. 2005;116:e125-144.
10. Serdula MK, Mokdad AH, Williamson DF, Galuska DA, Mendlein JM, Heath GW. *Prevalence of attempting weight loss and strategies for controlling weight*. *JAMA*. 1999;282:1353-1358.
11. Hood MY, Moore LL, Sundarajan-Ramamurti A, Singer M, Cupples LA, Ellison RC. *Parental eating attitudes and the development of obesity in children. The Framingham Children's Study*. *International Journal of Obesity*. 2000;24:1319-1325.
12. Davison KK, Birch LL. *Weight status, parent reaction, and self-concept in five-year-old girls*. *Pediatrics*. 2001;107:46-53.

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