

Kid Talk

FEEDING SELF-ESTEEM

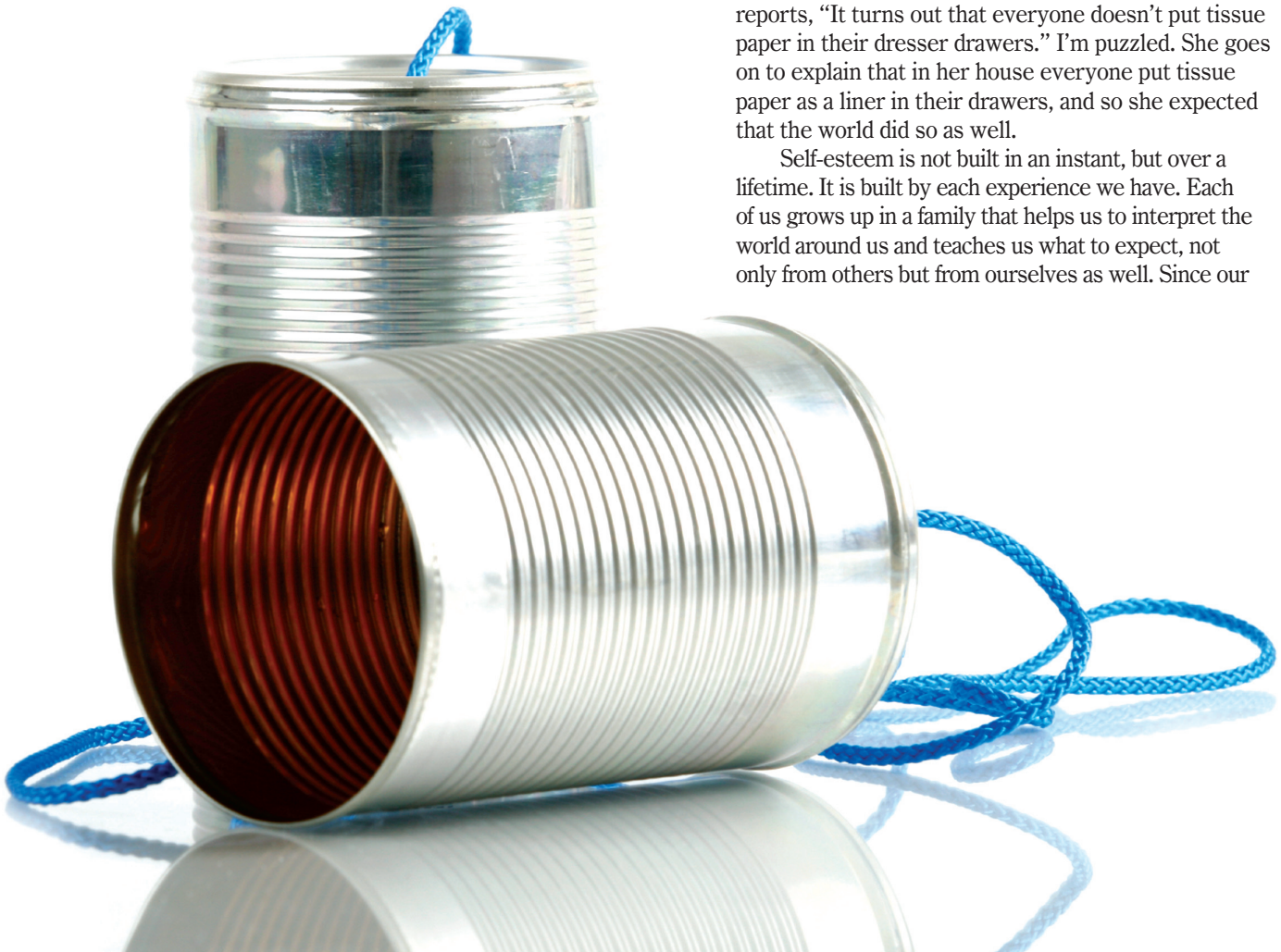
My office manager brings her pug, Harley, to the office every day. Harley greets patients as they enter, begs for treats and lies in the sun. He no longer soils the carpet. He is the perfect dog.

My patient Joe arrives for his session a few minutes late, but stops to greet Harley and praise him. "Aren't you a good dog?" he says. "Yes you are, yes you are." He enters my room and proceeds to tell me how frustrated he is with his "lazy, fat eight-year-old son" (his words, not mine) for his insensitivity in demanding time with his father as soon as Joe arrives home. I comment that he treats the dog better than his son. Joe remains quiet for a moment or two and then starts to weep.

I watch my friend as she holds her new granddaughter. I watch as she praises her and brags about her. Like most babies, she is mostly unremarkable, but to my friend she is special—or at least she is special so far, for I also watch this friend complain about her own daughter's shortcomings. It is hard to remain perfect for long.

I see Jane, a college freshman, during her Thanksgiving break from school. She is a former patient of mine and asked if I could squeeze her in while she was in town; I agreed, anxious to see how she was doing. I ask what she's learned and she reports, "It turns out that everyone doesn't put tissue paper in their dresser drawers." I'm puzzled. She goes on to explain that in her house everyone put tissue paper as a liner in their drawers, and so she expected that the world did so as well.

Self-esteem is not built in an instant, but over a lifetime. It is built by each experience we have. Each of us grows up in a family that helps us to interpret the world around us and teaches us what to expect, not only from others but from ourselves as well. Since our



view is determined not by the world at large, but by the relative smallness of our families, the view we develop is inherently flawed. How tolerant our families are of disparate thoughts or ideas helps to shape how flexible and well adjusted we become. It is the family's worldview and its view of us that contributes to the developing self-esteem of each child.

No psychologist expects that any family will always be supportive and loving. No psychologist expects that any family can always do the right thing. The goal is to be "good enough." We hope that the majority of interactions between children and their families are positive enough to enhance their self-esteem. Just as the flavor of a stew comes from the mixture of ingredients in it, our self-esteem comes from a mixture of our experiences.

Few issues seem to summon such strong feelings as the issue of weight. Unlike other aspects of the self, our physicality is immediately observable. Our preoccupation with slenderness, perpetuated by both medical and fashion concerns, is evidenced by our view of obesity. Obesity implies failure: failure to control one's impulses and failure to control one's flaws. It leaves one open to ridicule on many levels, and it leaves us vulnerable to prejudices and discrimination as well. Is it any wonder that it becomes a flash point between parent and child?

Sally comes to me referred by her pediatrician for depression. She is significantly heavier than a 10-year-old should be and is tormented by her classmates. Her obesity limits her mobility and diminishes her attractiveness as a friend. She cannot jump rope or play dodgeball as well as the others. She reads better than most and can have an adult conversation, but these characteristics are largely overlooked by 10-year-olds.

As we begin to explore her family dynamic, we start to see that she is tormented at home as well. At school the tormentors seem cruel, while at home they seem hurtful, but well-meaning. Sally's parents have been unsuccessful at helping her to lose weight and are embarrassed that their failure is seen by the entire world.

They have offered to buy her a special gift if she would just lose weight. They have put up charts on the refrigerator to reward her appropriate choices. They have bought her a special dress in a smaller size and hung it in the closet for her. They have brought her to special doctors, and now even to me, a psychologist, hoping that I can "shrink" her (pun intended).

What they have not done, and what they resist doing even now, is to look at their behavior as well as Sally's. This family has always used food as a substitute for interaction. Sit with Sally as she does her homework or provide her with milk and cookies as she sits alone? Read her a book at bedtime or give her a "treat time"? Go for a walk with her or pop in a VCR tape? Sadly, they have always made the wrong choice in these and in countless other situations.

Remember, no one interaction defines self-esteem, but a pattern of interactions does. Also, remember to separate your child's behavior from your feelings about your child and about that behavior. Continuing to love children while disapproving of what they have done is a difficult but all-important parenting skill. You continue to love your children when they have a cold, do you not? You continue to love them if they get diabetes, do you not? Yet see them gain weight and disapproval flows from you like soft serve from the machine.

Looking at the big picture, it is not a surprise that obese children come from obese families. If the conditions for obesity are prevalent, it is hard to remain thin. Family genes, easy accessibility to snack foods and a worldview that links food with soothing will win out.

Now the skeptics I know will say, "What good is it if I change my house when the world doesn't change?" I'll tell you this: few children become obese because of what they eat outside their homes and families. Change what is available at home, change attitudes about food, increase exercise and replace treats with interaction and your children's self-esteem, not their weight, will soar.

HARLEY SAYS:

1. Reward me with kindness and affection, not with food.
2. Take me for a walk instead of giving me a chewy.
3. It's hard to think about anything else when there is a cabinet full of treats.
4. Apples are as good as cookies.
5. Teach me by example.



Michael Sakowitz, PhD, a Clinical Psychologist, specializes in the treatment of WLS patients. He can be reached in New Jersey at 973-696-0800 or in Arizona at 602-904-3448.



Corey R. Glynn, a Licensed Clinical Social Worker and Certified Pilates Instructor, specializes in working with WLS patients. She can be reached in Arizona at 602-904-3448.