



Episode #200

**Body-Positive Parenting with Zoë Bisbing and
Leslie Bloch of the Full Bloom Project**

March 17, 2020

Debbie: Hey, Zoe Leslie, welcome to the podcast.

Zoë: Thank you so much for having us.

Leslie: Yes, we're so excited to be here talking with you today.

Debbie: Well, this is a new topic for this show. So I am just looking forward to it. I always love when I have the chance to talk about something completely different. And this is a conversation that is important for parents of any child. But it's always great to bring these topics to my audience as well. And we'll find ways to make it specific for parents of differently wired kids. But what I would love as a way to get started is if each of you could introduce yourself, spend a little time talking about who you are separately and then I'd love to hear a little bit about your work together.

Zoë: Sure, this is Zoe here, I can start. I'm a psychotherapist based in New York City. I'm a mom as well of a soon to be three year old. And in my private practice, I do, like Leslie, have a specialty in child and adolescent eating disorders and also work with adults with eating disorders and also work in my private practice with folks struggling with other kinds of things like anxiety and depression, relationship issues. But when I'm not in my private practice, I'm often with Leslie working on the Full Bloom Project, which is I know we'll talk more about today body positive parenting resource and we cohost the Full Bloom Podcast, which is a body positive parenting podcast. So this work and I'll kind of volley to Leslie and she can tell a little bit more about herself and our journey together. But the work we do in Full Bloom is really about prevention and working with parents of all kinds of kids of all genders, trying to help them never necessarily need us in our private practices. We sort of joke that we're trying to put ourselves out of business, but I'm a native New Yorker and a fan of your podcast, this podcast, so very happy to be here. And I'll pass it to you, Leslie.

Leslie: Yeah, I'm Leslie Bloch. And I too am a psychotherapist with a practice in Brooklyn Heights in Brooklyn. And I spend a lot of my time working with individuals, kids, adolescents, families and adults who are challenged with their relationship with food in their body and different levels of severity. And I am also a mother of two, living in Manhattan, two girls and Zoe and I met in graduate school we both really were interested in specializing in eating disorders, and we spent a lot of time consulting, doing peer supervision with each other as we built our private practices. We pretty much felt them at the same time. We sat for our licensing exam, both very, very pregnant, me with my second, hers with her first. And so we went to launch our private practices, launched our parenting journey, at the same time. And I think when we both kind of came up from air from that if there's ever that moment, there seemed to be a little bit of space for both of us to think about, I guess our next baby which was really kind of a pivot for us in thinking really about what does the research say, is helpful for parents to know about how to raise their children, all different types of children to have the best chance we can give in our culture, to support them to have a relationship with

food in their body, so that they are not preoccupied and they can go bloom in the ways that their mind wants to go. And we just we found that this was a really interesting topic. And we wanted to keep talking to researchers about it. And we decided, you know, the Full Bloom Project was really born. And it's been amazing to talk with parents of all all different types of kids and adult kids, and just help them through what is kind of a pretty complicated feeling around like, how do we do this?

Debbie: Yeah, and as you're talking, I'm just thinking about, you know, maybe 15, 20 years ago, there was just such a focus on eating disorders, specifically in girls, you know, bulimia and anorexia. And then we started to discover this isn't something that just impacts girls, but boys can have these same challenges. And then we started hearing about body dysmorphia. And, you know, I feel like our understanding is getting more and more, but it's still confusing. Think in this landscape to know how to best support what you guys call body positive parenting and having a positive relationship with your body. So can you talk about what that even is when you use this term body positive parenting? What are what are you trying to support parents in creating what is kind of the ultimate goal?

Zoë: Yeah, so this is Zoe again, and we've outlined body positive parenting as a parenting philosophy that proposes research informed methods, which aim to most effectively use the family environment and the community environment to promote self esteem and positive body image in kids. So, body positive parenting as we've coined it integrates scholarly research from a variety of different disciplines including eating disorder prevention, but not that alone. It includes pediatric nutrition, Child and Adolescent Mental Health like psychology, a field of psychology and something called Health at Every Size, which we might not get to kind of really dig into today, but that is very much one of the tenants that folds into it. And one little caveat, I'll say off the bat, we do use this term body positive parenting, but through our journey, we've gotten to speak to so many different researchers. And we're so committed to having our resource be very inclusive, not just of all types of, you know, wired children, but also all all genders. And so one of the things that I'll throw out there for those listening, we do use the term body positive parenting, but sometimes especially with like gender nonbinary kids or trans kids. This sort of point isn't about getting positive about your body, but maybe more of like a body neutrality or some people use this term body liberation. So those are nuances that if people are interested in they can check out our resources and really try to delve into that. But we do say body positive parenting because our goal is for every body to be able to have reverence and, and a sense of dignity and respect for their own body, its function, its form all of that, which, you know, it's hard to, it's hard to do. But they're sort of very, you know, the goals are sort of going to be different depending on what type of person we're talking about. So just wanted to put that out there as a frame for our discussion.

Debbie: Yeah, that's super interesting. And I would love to even just take a step back and I'm wondering if you could paint a landscape for us of what is the status quo right now or I'm sure you guys are in the research and you're well aware of what

the state is for today's youth and children in terms of eating disorders or having negative body image. So what is the landscape like right now?

Leslie: I wish I could be more positive about this. But I guess that's why we're really working on this project is because, in general, our culture is one in which we use the term diet culture. We really all live, our kids and us and everyone in this culture in which appearance ideals are really equated with health and virtue and a person's value is tied to their body size, kind of in terms of the messaging that our kids are growing up in and are getting bombarded with and even more bombarded with because of social media. So our kids are kind of jumping in, trying to learn to swim in this ocean of, of our culture which is challenging to really accept their body as it is, and I think we can all relate to that feeling. And so we have a lot of work to do here as, as a culture and also as individuals. And children are our challenge. There's many, many, many statistics that suggests that upwards of 75% of kids are really, really interested in changing their bodies to fit into the really unrealistic appearance ideals. And that, you know, within that percentage varies tremendously around the lengths that one child might go. But even as young as four, you know, kids are starting to make these kind of black and white determinations about what's valuable in terms of the size and shape of bodies. So you want to add anything to that?

Zoë: Yeah, I mean, I think we can all also just reflect on images we see. I know for myself, I was walking down the street today and kind of this little boutique on the Upper West Side that sort of geared towards tweens. And I was noticing just the shapes of the mannequins in the front of the store, and they were all the same size and they look, you know, like tall versions of thin children. And I think to sort of answer your question, and it is it's not particularly positive answer, but there is this big disconnect between what the ideals are, and what is reality for most people's just genetics, most people's biology. I was recently reading a statistic that like in puberty, for example, it's something like 40 to 70 pounds of weight gain is sort of to be expected in terms of the growth needs of a child. And, you know, puberty, for example is this time where if we're really just looking at what's natural, the body should be chunking up, for example. And I think about puberty when I walked by this tween store like those are the that's the age for puberty. And these mannequins look a very specific way that I think we can all everyone listening can kind of imagine what a little preteen body mannequin might look like. And so this is sort of an illustration of the dilemma that whether it's for children, tweens, teens, adults, the ideals are so out of reach for most people. And there's so much value like Leslie was describing ascribed to these ideals, that it leaves many people, most people and particularly young people who are just also trying to figure out who they are in the world quite lost and confused about like, am I okay as I am. We certainly want them to feel that they're okay as they are. But the culture is a really important piece of this because we're not always seeing the representation that we really need to see in order to support this idea that however you are, however you look, is right. And then it's not about change. But this is a very, very hard concept to interrupt, but, but we're working on it.

Debbie: Are there groups within, you know, kids and teens who are more vulnerable? And so of course, I'm wondering if you see any correlation or what you've experienced in terms of differently wired kids and having negative body image or a negative relationship with their body but any other vulnerable groups?

Leslie: Well, there's certainly a vulnerability that's passed down if there's eating disorders in the family. So we know now that eating disorders are highly heritable and are passed on through a genetic link. And so if a child was born from parents who have eating disorders in their family, there's naturally going to be a predisposition for risk. Two is, any individual who's naturally in a body that's considered larger on the larger side is absolutely more at risk because our world contains a huge amount of weight discrimination and weight stigma and fat phobia that this individual is likely to experience and that the general cultural response to that is, well, well, there must be something wrong this person must not be doing enough to manage their weight, which is actually very, very false. But we need to help those kids not succumb to Oh, the solution is try to lose weight. Because we know that's not effective and we really want to help those children in other ways, and help change the culture. So those would be the two primary kind of populations that are at risk. So do you want to add anything?

Zoë: Yeah, there's a couple others I think are relevant one. I mean, unfortunately, that stereotype of eating disorders affecting girls is not you know, it's not untrue that there are very unrealistic appearance ideals that girls are facing. They're facing boys, they're facing kids that don't conform to you know, the gender binary as well. And it's been interesting to speak to some of the reasons teachers that are looking more specifically at the gender non binary trans community of kids because there's a limit on research. There's not very much research around that. But kids that are experiencing gender dysphoria, they are also very much at risk. And then the other thing and it's sort of an interesting dichotomy, because Leslie's right that kids who are in larger bodies that, you know, they are particularly vulnerable, but something else that is a risk, perhaps irrelevant to some of your population. One of the risk factors for developing anorexia, which is a specific type of eating disorder is energy imbalance and low weight. So oftentimes for a variety of reasons, and this may not be about appearance ideals, but this is more just the sort of biological response and if a body goes into an energy imbalance, meaning getting fewer caloric input, then output. And weight loss is sort of a consequence of that. Sometimes, particularly if you think about that genetic risk factor that Leslie was talking about, that can, unfortunately become a little bit of a perfect storm to dive into the anorexic mindset and that and like full blown anorexia. So, that's a sort of more nuanced risk factor. Because it's not necessarily about appearance ideals, it could be, that could happen when a kid goes on a diet because they're trying to, you know, they're striving for an appearance ideal that's out of reach, and then energy imbalance happens and then the sort of cascade towards anorexia can happen. But this can also happen when energy imbalance is affected by things that have nothing to do with appearance, goals, you know, so I would add those as additional vulnerable pockets. Yeah. And then just to kind of introduce this, there is a clinical eating disorder called avoidant and restrictive food intake disorder, it's sometimes referred to as AFRID. And that is really kind of an extreme picky eating. And so

that there is an element of you know, that really trying to help families and parents with with a feeling of picky eating is where we want to try to help intervene and help them through that process because picky eating can sometimes turn into because of what what so it was just speaking about an energy imbalance which in turn can can become a clinical eating disorder called our fit.

Debbie: Yeah, I've read an article about a link between autism and eating disorders that talked about AFRID because a lot of people on the spectrum do avoid or have really strong sense experiences that might impact their diet so that they're particularly at risk for that.

Leslie: Yes, yes, absolutely. Let's say that that is a particular risk and sometimes differently wired children, that it may be more of a sensory relationship that can be a risk factor. And we work on treating and helping the child and the parents manage that relationship.

Debbie: And tell me a little bit more about what you've seen with ADHD. That's something else that I've read that there's one study I was looking at from 2007 that found that girls with ADHD were almost four times more likely to have an eating disorder than those without ADHD. And I'm wondering what you've seen in your practice and what you can say if anything about the link between those things.

Zoë: I mean, I can speak anecdotally just in terms of what I've seen with when they're sort of co-occurring issues, and I think that it's what I've seen has been related to what we're talking about that there are almost these competing challenges or in some cases the, the stimulant which is, which can be I mean, I know, you know, it can function as an appetite suppressant can disconnect the child from these sort of very important cues, hunger cues, fullness cues, that are really like one of the most fundamental aspects of what we talked about with body positive parenting. And yet, there's usually a good reason for why those medications are being administered but it becomes a bit of a, you know, you're treating one, one problem, but it's sort of a little whack a mole because then you're sort of exacerbating another problem. And if then weight loss or again, this energy imbalance ensues, the challenge really becomes And sometimes it means really conversing with the psychiatrist. And if there's a nutritionist involved, or if it's the therapist, and this is sort of out of the scope of what Full Bloom is about, because we're talking more about prevention, but when those issues come up, it's really about figuring out, Well, okay, this medication is being used to treat these symptoms, but the food is also an important medication, both to prevent and to treat this sort of eating behavior issue that's happening. And so it's, it's, it's never like a one one size fits all answer. But oftentimes, I know I've had conversations in terms of timing of medication and figuring out foods that are have a high caloric index, you know, that can keep keep the fuel going, even though maybe they're not taking up as much space in the child's stomach, you know, and, but this is definitely a complication that comes with co-occurring issues.

- Leslie: I also think that you know, one of the resources that the full bloom has really illuminated, for me is the work of Ellyn Satter, who is just a wonderful resource for all different types of children and all different types of emerging challenges. But also, she really has offered a wonderful approach to feeding and eating for all children. And one of her kind of tenets is really helping kids in the structure of eating and that as parents, that's our responsibility to determine the when and the what of our kids eating structure. And so with children with ADHD, that's extra important to help hold that structure for them. It's how it's important for all kids and their relationship to becoming very fast, competent, intuitive eaters. But for these particular kids, it's extra important to really help them stay on schedule in a regular eating fashion.
- Debbie: Well, let's talk about the parental responsibility in this relationship, because, you know, I just think about, that's always been a goal of mine, personally, is that my son who has ADHD, who actually is so in tune with his body, it's freaky... like, he is the kid who will leave a sundae half finished, and I'll be like, I'll take the rest of that. But he was a kid who was really underweight when he was younger. And I know that's the case for a lot of differently wired kids. These are often kids who, when they're little, they're maybe in the 15th or 20th percentile. Or they might be on the other side of that, you know, when we're doing all those wellness visits at the pediatrician and we're told where a child lies on that spectrum. And so I have always been very aware of the language I use, and making sure that I don't contribute to an unhealthy relationship with food. But I can see how easy it is to do right with a little comment here or there or just these messages we're sending to our kids with maybe not even realizing it. So what is the goal with parents? Like how can we create that family culture of body positivity, where our kids, you know, will grow up having a good intuitive sense of their own eating but also respecting and having that reverence that you talk about for their body?
- Zoë: I think that what Leslie's talking about, in terms of the division of responsibility, the work of Ellyn Satter, it definitely is a big part of it, like the way you structure your meals in the home and the way you do you know, take up your responsibility as the parent like Leslie saying in terms of the what and the when and the where, but that we really like leave it to our children to finish the sundae or to eat half of it and no judgment. And so that's sort of the behavioral part around food. And we can certainly talk more about it. But I think it's also about creating an environment in the home. And again, we're realists. Our job is to serve as buffers, and it wouldn't be helpful to our children to shield them from the reality of what the world is like, you know, but we are able to, and we know through research that parents can have a very profound buffering effect. And one of those things is to make sure that in your home, there is no morality in food—and this is hard because of diet culture that Leslie was talking about before—where you might and again, we don't blame or shame anybody for using words like this, but you might have language like healthy food and junk food and you know, or you have to eat this before you get your dessert. These kinds of very normal things that you know, I find myself often saying you know, I mean I I try not to because of all that we're learning but to really create an environment where there's equal availability and morality so you know, I know with Ellyn Satter's work there's a lot of recommendations to even serve the desert with

dinner, just to sort of put it on the table and, and really strive as parents to have an almost like a no big deal attitude towards all the foods so that there's no parade when your child eats a vegetable and no freak out if your kid is eating too many lollipops. But again, remembering that the parent is also deciding, you know what, and where and, and when you know, like you may not be putting 13 different desserts on the table at a time you might be controlling how much you're offering, but we want to give our kids a chance to sort of take up their role and take up their lane, which allows them to do this self regulating, like what you're describing with your son. And really making sure that the environment, if you can, you know, obviously, like everyone's coming at this with a different amount of privilege and resources, but in an ideal scenario, you'd be able to offer a wide variety of foods and just notice as a parent, do you make comments about foods, most important I think is like 'healthy foods' or 'clean foods' or 'junk foods' or 'processed foods' and just be mindful of not making comments like this because we really want our kids to relate to food in a very balanced way without so much judgment. And same goes for kind of talking about bodies, and this can be hard to but it's another really important way to create a safe feeding environment. It's to sort of just not do 'body talk.' And try to make mealtimes and the family meal is really important, as much as possible a time to gather and to be together and to have conversations that aren't really about food and aren't really about appearances. You know, just to sort of train our kids around the social experience of eating together. Leslie might have some contributions, too.

Leslie: Yeah, I think one of the fundamentals that is really important for parents to get their heads around, which I think is really challenging for most people in our culture, is that your child has a, just like you do, really what we call a genetic body blueprint that, you know, their body is going to grow as their genetics have determined it will grow and that's pretty much pre determined. You know, our culture really makes a lot of money off of people thinking and selling that like if they eat a certain way, or if they work out a certain way, they're going to skew towards like the appearance ideal. But the reality is, that's, that's 95% of the time, that just doesn't happen. And that our kids really, really need us to accept their body as it's growing. Just because it's growing at 13th percent doesn't mean it should be at the 50th percent. We want to see that typically kids' bodies will grow around, you know, they're a growth curve, not the 50th percent, it will grow around the growth curve, and that's totally normal. And that is what we want to support. We don't want to be afraid of our children's body being in a certain size and that is really, really challenging for many, many parents because we just don't live in a culture that supports that fact, so we kind of have to start with that foundation. Because otherwise when we move into really trying to raise an intuitive eater and mover, it gets interfered with because of this other agenda. So many, many people have to do a little bit of work around that in order to come kind of really show up to the table and let their kids do their kids job, their responsibility of choosing what choosing kind of which, sorry, which things from the table they want to eat, and if they don't want to eat some of the things, but that's totally their responsibility to choose, and how much.

Debbie: Okay, so I'm just gonna be honest, I'm like, feeling super overwhelmed right now because I'm just thinking, you know, I going into this conversation, I'm like, yeah,

we're pretty good at this, you know, and, like, Huh, and I imagine that some of my listeners are right there with me, you know, we I've been super conscientious about my son's body image and or, you know, just being careful about that. And really, you know, he asks me if he can get a piece of chocolate while we're watching The Good Place. And I'm like, if that's your choice, that's for you to decide or if he asks how much, I'm like you decide what you think is the right amount for you. And but when I think about the way that even just the conversations about, gosh, I have to get out for a run, or I really ate a lot this weekend and I need to do X, Y, and Z. So it sounds like all that kind of talk, which I think we all do, unless we're consciously not doing it is going to impact them.

Leslie: Absolutely more than we think. And I again, and we haven't really stress this enough in this conversation, but we really, really want to make sure that our message comes through with tons of self compassion and compassion for whatever we're doing because we're all in this culture in which that just seems totally normal to say something like that. But the truth is the research really shows that those type of comments not directed towards our kids at all, but just our own comments about stuff is happening all the time. And it truly is when we start to look at it, and it's not helpful. So we do want to kind of be compassionate with ourselves and say, Oh, I just had no idea I didn't even know I wasn't I wasn't even aware. And okay, let me see if I can shift.

Zoë: What I'd also say too, is that, and I'm really glad, Deb that you mentioned that because a lot of these ideas are counter intuitive, and not a lot of the ideas, a lot of what the data shows, right, a lot of the research a lot of the recommendations are counter intuitive. And one of the things and I'm really grateful that you brought up self compassion Leslie because we can't actually have any of these conversations without that being our one and only goal to ourselves self compassion. And also to remember that it's not too late. It's never too late to take stock in some of the ways we've been operating. And notice and say, Wow, you know, I didn't mean to do any, anything other than love my kid and most people certainly listening to this podcast are just trying to love and help their kids. And know that it's never too late to make adjustments. And what's never too late for his especially if you have an older child, to talk to them. You know, with a two year old, you might not do that. You might just pivot you know, but to be able to say, you know, I want to just mention that, like, I've made a lot of comments or that I've noticed that, you know, in our family, we do have a little bit of a culture here where we make comments about like, I ate so much, I got to go for a run and, and I've been taking in new information and I just want to let you know that I'm really going to be striving to do that differently. Because I see that, you know, I'm learning and that's more so the point. Obviously we have, you know, especially if you get us going with talking, we could overload anybody with information. That's part of what we're doing, in our own way with getting all the information from the researchers and activists we talked to, but the most important part and I would say, I hope the biggest takeaway is, if you if you're hearing anything new, if you're learning anything new, that makes you think twice or even feel overwhelmed that you just know that that's okay. And that any contemplation around any of this is just wonderful, both for yourself and for

your kids. And it's never too late to make adjustments. I really want that to come through.

Debbie: Well, that's helpful. Thank you. No, I feel a little better.

Zoë: The last thing we wanted was for you to invite us here and and for us to stress you out.

Debbie: No, I mean, I guess I you know I always talk about this too on the show is the importance of us modeling our own learning and being vulnerable with our kids and talking out loud about our growth. So this is just yet another opportunity to do that.

Leslie: Yeah, it really is. That's one of the best things we can do for our children is to make our own changes in this area. Because we're really strong models for them.

Debbie: Yes, absolutely. Absolutely. Well, I would love to hear if you could just take a few minutes to tell us a little bit about what you do or what resources our listeners could tap into and where they can connect with you.

Leslie: Yeah, so on our website, which is fulbloomproject.com we have all of our podcasts we have produced 50 to date and we launched them every every week, soon to be every other week, and they're all like deep dives into kind of all of these topics that we've talked about. So if there's something in particular that you're like, wait, wha, you know, you can go there and really get a lot more information. We also have on our website, what we've created, which is called the ABCs of body positive parenting. And within that it's like a digital book that has links to all of the resources and information on each topic. So that is available. It's like an A to Z guide for purchase on our website. And then we have a Body Positive Parenting Primer, which is a webinar, a recorded webinar that parents can watch that really deep dives into the what we call the fundamental five of body positive parenting. Am I missing anything Zoe?

Zoë: I would just say we have an Instagram presence at [@fulbloomproject](https://www.instagram.com/fulbloomproject). And that sort of, you know, for more like visual, visually curious people, we do engage with our community there. And then on our website, just one of the tabs is, I think it's just Body Positive Parenting. But we do offer these just these questions and the ABC guide that Leslie's referring to answers the questions and our episodes from season one of our podcasts also attempts to answer the questions. But I think is a place to just even get started, especially if you listen and you were intrigued, but you were a little overwhelmed. Sometimes just looking at the questions, right, not rushing to the answers, but just looking at the questions and there's these A to Z questions that extend you know, questions about like, how can my ancestry promote body positivity in my child or Why would I raised an intuitive eater or how do I really feel about fat? Like, they're just sort of thought provoking questions and, and sometimes I do think that the questions are a better place to start. And then you can use the guide or the podcast and, and sort of go towards selectively trying to get some answers to the questions that feel

most resonant to you. We also wanted to share a discount code for your listeners, if that's okay?

Debbie: Yeah, please.

Leslie: Okay, so it's just Full Bloom 20 and that will give any listeners 15% off of anything on our website. The one last thing that we do we have been doing a lot more of is speaking at schools and PTAs and conferences. So that's something that's also you know, we can engage with if someone feels like they want us to come and speak to parent communities or faculty communities.

Debbie: Awesome. Yeah, so many great resources, and listeners, I will include links to all of those things that Zoe and Leslie shared on the website, including the discount code. And definitely check out their podcast. Your website, by the way is just beautiful. I love your design and your little logo. It's just the sweetest thing ever. So I just want to say that.

Zoë: Thank you. We will tell our designer, she'll be happy to hear it.

Debbie: So lovely. And this has been really insightful and such an interesting conversation definitely gave me lots of things to think about and I'm sure the same for many of our listeners. So just want to thank you so much for taking the time to come by and share with us today.

Leslie: You're so welcome. Thanks for hosting us and please be in touch. Anyone can email us as well at info@fullbloomproject.com if you have a question that came up.

Zoë: And actually, as a closing reminder, for our third season, we're really trying to put forth real life questions into each episode. So if you are listening, and you have a question, you have an opportunity also to allow us to feature the question on the podcast because we're really interested in answering not just basic questions, but nuanced personal questions as well.

Debbie: Awesome. Perfect. Well, thank you again and we will look forward to continuing the conversation.

RESOURCES MENTIONED:

- Full Bloom Project website:
- Zoë Bisbing's website
- Leslie Bloch's website
- Full Bloom Project on Facebook
- Full Bloom Project on Instagram
- Full Bloom Project Patreon
- *A to Z Guide to Body Positive Parenting* 15% discount code for podcast listeners: *FULLBLOOM20*
- The Ellyn Satter Institute
-