CourseMints

GUIDE

Body Confidence

Make Peace with Your Body

SELF-PACED PDF COURSE

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Body Confidence

Make Peace with Your Body

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DISCLAIMER

This guide is for educational purposes only and is not medical advice. It does not diagnose, treat or replace care from a qualified health professional. Talk to your doctor before you change any treatment, medication or care plan, and get help promptly for any symptom that worries you.

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How to Use This Guide

Most women can name the parts of their body they dislike faster than the parts they are grateful for. Many have spent years trying to fix those parts, and the dissatisfaction rarely moves, because the problem was never mainly the body. It was the way of looking at it: through ideals that almost nobody matches, a mind trained to scan for flaws, and habits such as checking, comparing and hiding that keep the worry alive.

This guide helps you change that way of looking. It does not ask you to love every inch of yourself, and it is not a weight-loss plan. The goal is something more realistic and more durable: a respectful, kinder relationship with your body, where it is one part of how you see yourself instead of the verdict on your worth, and where you stop waiting to look different before you live fully.

What you will learn

- Where body dissatisfaction comes from, including the research on culture, media, family and social media.
- What positive body image and body neutrality really mean, and practices that build them.
- How to quiet the inner critic and treat your body with self-compassion.
- How to reduce body checking, avoidance and comparison, and handle body talk from other people.
- How to care for your body through food, movement and clothes without obsession.
- How to cope when your body changes, how to talk with children about bodies, and how to recognize eating disorder warning signs and get help.

How to get the most from it

1. **Read in order.** The first three chapters explain the problem; the rest give you tools that build on each other.
2. **Do the exercises in writing.** Several of the practices in this guide come from research programs that used written exercises, and writing makes them more effective than thinking them through.
3. **Practice, do not just read.** Body image changes through repeated small actions: unfollowing an account, wearing the shorts, answering the critic. Chapter 14 gives you a six-week plan.
4. **Expect slow, uneven change.** Old thoughts will return, especially on tired or stressful days. That is normal and does not mean the work has failed.

> ⚠ CAUTION
>
> ### If eating, exercise or weight feel out of control
>
> If you are restricting food, bingeing, vomiting, using laxatives or exercise to compensate for eating, or if thoughts about food, weight and shape take up much of your day, please read Chapter 13 first and talk to a doctor. Eating disorders are serious and treatable, and they affect people of every size, age and gender. This guide can support recovery alongside professional care, but it is not a replacement for it.

> 💡 TIP
>
> ### About the examples
>
> The women in the example boxes are illustrative composites, written to show the practices in action. They are not real clients or testimonials. Body image struggles affect people of all genders; this guide is written mainly with women in mind, but the methods apply to anyone.

CHAPTER 1

01

Where Body Dissatisfaction Comes From

If you dislike your body, you are in large company. In 1984, psychologists Judith Rodin, Lisa Silberstein and Ruth Striegel-Moore described women's dissatisfaction with their weight and shape as a "normative discontent": so common that it had become normal. Decades of research since then have found body dissatisfaction to be widespread among women of all ages, and increasingly common among men. Understanding where it comes from will not make it vanish, but it moves the problem from "something is wrong with my body" to "something has been done to how I see my body," which is a far better place to start.

Why it matters

Body image is not just how you look in the mirror. Researchers usually describe it as having several parts: what you believe about your body, how you feel about it, how accurately you perceive it, and what you do because of it (checking, hiding, dieting, avoiding). You can work on each of these, and you do not need your body to change for them to change.

Three main sources

Researchers often summarize the main pressures with the tripartite influence model, developed by J. Kevin Thompson and colleagues in 1999. It names three sources:

1. **Media,** which shows a narrow range of bodies as normal and desirable.
2. **Family,** through comments, teasing, dieting at home and how parents talk about their own bodies.

3. **Peers,** through comments, comparison and “fat talk” among friends.

These pressures work through two habits of mind. The first is **internalization:** gradually adopting the ideal as your own personal standard, so it feels like your own wish rather than an outside message. The second is **appearance comparison:** routinely measuring yourself against others. Research on the model has found that the more someone internalizes the ideal and compares, the more dissatisfied they tend to be.

THE SCIENCE

Self-objectification

In 1997, psychologists Barbara Fredrickson and Tomi-Ann Roberts proposed objectification theory. It says that girls and women, who are often looked at and evaluated for their appearance, learn to view themselves from the outside, as an observer would. This “self-objectification” shows up as habitual body monitoring: checking how you look while you walk, sit, eat or talk. In a well-known 1998 experiment, women who tried on a swimsuit (rather than a sweater) alone in a changing room reported more body shame and then did worse on a math test, which the researchers took as a sign that body monitoring uses up mental resources. You may recognize the feeling of being half-absent from a conversation because part of your mind is checking your stomach or your arms.

Your personal history

Culture sets the stage, but your own story shapes how strongly it affects you. Common turning points include:

- **Teasing or comments about weight or looks,** especially in childhood and adolescence, including “well-meant” ones from family.
- **Weight stigma:** being treated unfairly, judged or excluded because of body size, including in health care.
- **Puberty,** when bodies change quickly and attention from others changes too.
- **Aesthetic sports and activities,** such as dance, gymnastics or modeling, where appearance and weight are judged.
- **Dieting,** especially early or repeated dieting, which can teach you to treat your body as a project that is never finished.

- **Pregnancy, illness, injury, disability and aging,** which change bodies in ways the ideal does not show.
- **Relationships,** including partners who commented on or controlled your appearance.

None of these is your fault. Seeing them clearly helps you notice when an old message is speaking, rather than the truth.

EXAMPLE

Dana's timeline

Dana, 38, believed she had always hated her thighs. When she wrote her body story, she found the first memory was specific: at 11, an aunt said at a family barbecue that she was "getting a bit sturdy." Her mother started a diet with her that summer. In her twenties she rarely wore shorts. Seeing the line from that comment to a lifetime of long skirts did not make her love her thighs, but it made her angry on behalf of the 11-year-old, and less sure that the critic was simply telling the truth.

EXERCISE

Your body story

1. What is your earliest memory of feeling self-conscious about your body? How old were you, and what happened?

2. What messages about bodies, weight and food did you absorb at home?