

Harvard - Interviews - Kirsten Davison

Kirsten Davison: So, I think that children who experience obesity really tend to be pretty ridiculed by their peers and ostracized. I think this really reflects sort of the status of obesity in the country. And I think this tends to, you know, I think children become more vulnerable to this as they get closer to adolescence and when they're really starting to define themselves and compare themselves to their peers. And so, I've definitely seen many situations where an adolescent is overweight and is really suffering, very significantly from a psychological point of view, and then that in turn has a cyclical effect on their eating and their ability to really maintain a healthy lifestyle.

Jonathan: So, take me through, as concretely as you are able to. I'm 13 and I'm chubby. What happens over the next 5 years, 10 years, 15 years, 20 years if intervention isn't made?

Kirsten Davison: Well I think that it will depend a lot on the peer group and their reactions to the individual. So, if their child is in a typical situation where you know there's teasing that goes on based on their body weight and so forth, they're ostracized and not included as part of groups. You'll see likely the self-esteem go down and the risk of depression go up. You may see the adolescent turning to food to cope as well. And for it for emotional coping I guess, and then it goes from there. They are less likely to participate in sports, they feel uncomfortable being athletic because they may not be as good as other children. And you know competitive if they carry a little weight they may look very different and their uniforms and be very aware of that. So, the opportunities for healthy lifestyles I think really starts to close over time.

Jonathan: You said over time, I can imagine that over time. Thirty years later what is the impact of childhood obesity? On that now, adult.

Kirsten Davison: How they define themselves? How they define themselves, how they define themselves in relationship to the world, their earning potential...that type of thing.

Kirsten Davison: I mean like my research has not looked at specifically or followed children for that length of time. But I think every one of us can look back on our youth and define and state whether we were defined as a chubby child or whether we were

teased and excluded for that kind of reason. I think it's pretty omnipresent and carried forward with individuals.

Jonathan: Have you seen a marked difference between males and females when it comes to stigmatization?

Kirsten Davison: That's a good question. In the early research I did with younger girls with younger children. It seems that girls are more vulnerable to being judged and in this way. But I think that boys are being overlooked a lot in this regard. And I think they're a population that we really have to be mindful of as well because they are not exempt from these kinds of feelings.

Jonathan: What inspired you to take this path in your research? Did you have a personal experience with this?

Kirsten Davison: That's actually an interesting question. So, I came to the U.S. not planning to work on obesity. I was planning to look at actually girls and their self-concept and implication and physical activity and self-concept and links between these two things. And I began working on a project with my mentor Leanne Birch was with the five-year-old girls at the time. And my job was to interview these girls as they came in and I had, this was back in the early 90's, I had just moved from New Zealand and I was surprised at how overweight some of the girls were. I really had not at that time had a lot of exposure to that. And I interviewed one girl in particular and she really, she displayed all of the things I've just spoken about. She withdrew from the group she wasn't connected to the other girls you could tell that she was very uncomfortable with herself and that really had a very lasting impression on me and it went from there.

Jonathan: So, coming from New Zealand, did you notice a difference between young people in New Zealand and young people in the United States?

Kirsten Davison: At that time, 20-something years ago, definitely. Now not so much. I think it's really, I think the U.S. really led the charge on this but I think other countries have really caught up.

Jonathan: (inaudible) I just don't think we have context.

Kirsten Davison: So, I need to basically repeat what you just said.

Kirsten Davison: So, you know when I came over from New Zealand 20 or so years ago it was very they were very clear differences between children in New Zealand and children here with the children hearing in general a lot more overweight. I really had not seen a very overweight child prior to coming here. But I think that situation has really changed so the U.S. really led the way in this regard. It's definitely the case that other countries have caught up and they were experiencing at a similar level these days.

Jonathan: So, 20 years ago, childhood obesity not a major problem in New Zealand. You came to the US, you noticed it was a problem. My understanding is, the problem has only gotten worse in the US over the last 20 years. What is the scale of that problem in the US now and also worldwide?

Kirsten Davison: Well in the US today you know approximately one in five children have obesity. And what we're seeing over time is that younger and younger children, we see this at younger ages, so you know even in preschoolers these days about 14 percent of preschoolers are classified as having obesity. And these numbers have been increasing over time and infants we now see high rates in infants as well.

Jonathan: You used a term there that I'm very interested in. You said they 'have' obesity you didn't say they 'are' obese. Why did you use the term 'have'?

Kirsten Davison: I chose the word 'have' because I really support people first language. I think it doesn't define who they are as individuals as you would refer to a child with a disability as a child with a disability not a disabled child. So why wouldn't you use anything different than talking about children with obesity.

Jonathan: I ask this because only recently the American Medical Association defined obesity as a disease. Could you speak to that a little bit, please?

Kirsten Davison: In terms of? I'm not real sure about your question.

Jonathan: So, it was...speaking candidly, there are some people, lots of people, who say that's ridiculous. Obesity is not a disease, people just need to eat less and stop being so damn lazy. And all those stupid lazy people who are obese just need to have more willpower. That breaks down quickly when we talk about children because, it's in my experience, when you walk into a grade school there's not kids over here on treadmills eating kale, there's kids over there that are on their iPhone. Can you talk about the framing of obesity in our culture, the stigmatization? Is it a disease, is it a willpower or character defect? How should we be speaking about it?

Kirsten Davison: Well I think it's you know we have spoken about it from very clinical and individual perspective. In the sense that adults you know they're responsible for what they put in their mouth and what they do and therefore it's really up to them to take responsibility for their actions. And then looking at children I think parents have been blamed heavily overtime when their children, you know were not at a healthy body weight. But I think we're seeing more and more with the research that is a lot more complicated than that. And that you know we can't define whole groups of people who actually are at much higher risk of obesity as being lazy and as being irresponsible. It's ridiculous. So, it really shows that there's things going on at a much higher sort of societal level that are impacting us and impacting certain groups more than others.

Jonathan: I want to get into those groups but one group that seems like a perfect example of what you just said is, are we to say that the infant has been irresponsible? Infants are experiencing obesity and overweight...how is that even possible?

Kirsten Davison: Well of course an infant is not responsible for their body weight. But by that sense I think yes, parents are responsible for you know feeding a child healthy food according to guidelines when to introduce solids and all of those things. But I don't necessarily think a parent is to blame when this doesn't, when a child shows accelerated weight gain. Because there's a lot more contextual information you have to know about the family. You know they could be in a household with three generations of family members living in there. Maybe they don't have good access to cooking facilities maybe the mother you know has a job in which she has to go to work and she cannot breastfeed her child. And there's all these things that have to be taken into consideration.

Jonathan: So, I think it's pretty well known that obesity is more common in lower income areas than in higher income areas. Traditionally, poverty was associated with starvation. How is it that poverty can be associated with starvation and obesity?

Kirsten Davison: I think, and I think that's going back quite away with poverty being linked with starvation, I guess. In a situation, in an environment where resources are not plentiful, those with fewer resources are going to have less access to those things that's a situation where you would see that kind of pattern. But today that's just not the case that we have of an environment that's very plentiful in unhealthy foods. And you almost need to be protected in a way from this level of exposure. And I think those with few resources have much lower levels of protection from this kind of environment.

Jonathan: So, you can say pass on any question I ask. Imagine you have two children as we were speaking, what did you feed your children as they were growing up?

Kirsten Davison: That's a good question. Well you know interestingly enough being a parenting researcher changes, your aspect changes a lot when you have parented, when you have children. So, one thing I learned very quickly is my children have very different temperaments and we have to take this into consideration and that parents, that's another thing, parents respond, parent in response to their children. So, I have one child who is a terrible eater and would stick anything foreign in his mouth even as a teenager and another child who is willing to try anything and everything and to eat off our plates and so forth. So those children are very different. You know I would try and expose and encourage and so forth, but what they ultimately ate was definitely influenced by them and their temperaments. Gotcha. So, if a parent is trying to help their child to not experience obesity, and their child...you can't force feed your children. So as both a clinician, but then also as a mother, what would you say to that individual?

Kirsten Davison: Start early. I mean there's a couple of things that to really be mindful of early on. So, one of which is to you know really prevent the introduction of sugary beverages to not have young children you know, keep it out of the diet as long as he possibly can in regard to soda and I would even say juice. And the longer they can maintain water as their primary source of beverage, I think that really puts them on a much better footing than otherwise.

Jonathan: One of the things that I find most disgusting, frankly speaking, about our culture is in some ways if you want to see a list of, in my estimation, the worst foods to feed children you know what you look at? A children's menu.

Kirsten Davison: This is true, although interestingly enough I heard a figure the other day that if you choose off the...ya well, I agree with that.

Jonathan: Would you mind speaking to that?

Kirsten Davison: Well I think you know traditionally it is difficult as a parent to go out and eat with your child and to find healthy foods, particularly in fast food kinds of settings you'll always find the same things on the menu. This of course limits children's options. But that being said there's not a lot of healthy options for adults either. But you know things are changing and I think it's been pressure put on restaurants to offer healthier options. You know to have a side of apples on a side of fries and so forth more availability of salads and things on the menu. So, I think the situation is changing.

Jonathan: What do you define as healthier options?

Kirsten Davison: Healthier options, well you know one real thing that is highly encouraged is to make the healthier option the default option. And so, you know the child drink automatically comes with water and if you want something different than that you actually have to request it. You know it automatically comes with a side of apple slices or apple sauce or something and you have to request you know french fries if you want to switch it out. So, we need to redefine and make these healthy options the norm in their selection pans. I've had a personal experience with this on numerous occasions, you have two parents, wonderful parents who feed their children as the best they can. They have three children, their kids all eat basically the same thing, they go to the same school...as homogeneous of an upbringing as possible. Two of them are a healthy weight and one of them struggles with overweight. Eating the same stuff, same basic things. How is that biologically explicable? Do you have any experience or thoughts on that?

Not a lot of experience with that. But clearly there is individual differences in how we respond to and process food and so forth and so even in body structure and so forth we

are going to see differences across our children. One of my children is tall and lanky the other one is a much stockier build and they've been like that from day one. And so, you know they have very different...you know, I'd say the second one is probably much higher risk of obesity as a result it's just the way he set up. That being said though I think as parents we have the ability to you know they come into the world with a temperament with a genetic propensity for something that as parents we can we can shape the bounds around that and how far up they might go or so forth. So, there's something we can do as parents along that line, but you have to acknowledge that your children are very different. And what is normal for one might be quite different for another.

Jonathan: I know from personal experience that many parents whose children suffer from obesity, their impression of how to treat that disease is to prevent their children from eating as much as possible. What are your thoughts on that treatment for childhood obesity?

Kirsten Davison: I think it focus on you know in general focusing on weight as a whole is really problematic, for children, for how they define themselves that you're much better off to focus on the foods there, to focus on healthy living and this is what we do it's the best thing for your body it's going to ensure your health over time and so forth. So, focus on the health aspects of the healthy foods being active because it's good for you as opposed to you know you're carrying too much weight and so therefore we need to do this.

Jonathan: One thing that struck me about what you just said is, it sounds like you're advocating a focus on the pursuit of the positive, rather than sort of attacking the negative. Is that consistent with what your research has found?

Kirsten Davison: I think yes, I think that when you definitely have done studies in which focusing, encouraging adolescent girls to be physically active for the purpose of weight loss for example seems to backfire. They don't turn out to be more active they tend to have less interest in physical activity, have low self-esteem around physical activity. And you see quite different patterns when you encourage physical activity for physical activity and because this is you know a healthy lifestyle and it's good for your mental health and things like that.

Jonathan: So, the 'why' behind what we're making, the 'you should do this because'. the answer to that 'because' seems like it influences the outcome.

Kirsten Davison: Right. The interpretation and how they see themselves in reference to what you're saying. Yeah, I think it's important that healthy nutrition and physical activity are just a part of how they see themselves. You know what they see as a healthy way to live overall and have you know, overall positive well-being both physically and mentally.

Jonathan: What other common approaches to helping with, or fixing obesity have you seen backfire?

Kirsten Davison: I've seen things along the lines of food restriction as you were talking about. So, parents who are you know this can be particularly detrimental if one child is carrying excessive weight and one child is not in the same family. And then the parent you know makes comments to the child who has more of a challenge and you know keeps food in the house but out of the reach of this particular child or may actually serve the two children two different...they might have different access to different types of things maybe the child that has more challenges is not often dessert, but the other child is. I mean this would be I think hugely detrimental for a child.

Jonathan: Since there is a more high-quality way to eat, food-wise to have a child that has a propensity for overweight and one that does not. It would seem to me that, approaching it as a parent from the prospective of 'we are not trying to penalize that kid and try to make him lose weight or whatever, but we are trying to provide both of you with the maximum quality of food. So, wouldn't that be a better parenting strategy theoretically? Could you speak to that?

Kirsten Davison: Right. So, I think that children are very sensitive, siblings are very sensitive to being, as in their eyes, treated differently by their parents. And so, I think parents need to be careful about that. You know those times when that's you know appropriate you can't parent a 3-year-old the same way you treat and your parents a 9-year-old, there's differences there. But around things like you know the foods they're exposed to and so forth I think it's important that parents are mindful of having similarly

healthy practices for both of their children and expecting the same kinds of things from both or more of you know their children or their children.

Jonathan: This is somewhat funny, but we've had people say their 9-year-old, their 7-year-old and they will say they have three children, because they are then referring to their spouse because they won't cooperate with their dietary habits. If you were the person in your family who is the health advocate how can you help the other members of your family without being perceived as the party-popper?

Kirsten Davison: First of all, I probably take over the grocery shopping and ensure sure that overall that the foods coming into the house are healthy foods that's going to, right there, limit options or you know shift options for all family members. I think it's important though that you know I really adopt more of a moderation point of view and a sense that you know that the foods, they taste good and people in join them. And they often are celebratory in many ways and so their needs to be opportunities to, it's OK to have some of these foods you just need to keep the balance in the direction of healthy foods. I've heard people recommend for example that maybe you don't have ice cream in the house but you as a family might go out and get ice cream. You know once a week or every other week or something like that, so the children have some level of exposure to these foods as well.

Jonathan: Behind the moderation, I think some people misunderstand what moderation means because I think some people would hear moderation as only Oreos with dinner versus eating then with breakfast, lunch and dinner. So, what we've seen is that healthy food stops tasting good if you eat unhealthy food consistently. So, can you help us understand what moderation actually means?

Kirsten Davison: Well, what is moderation? Moderation is having a diet that is predominantly healthy foods. But I would say for example it's OK to have cookies. I probably wouldn't be having cookies every day for snack. But I think you know if I'm going out enjoying your friend for coffee I'll have a cookie for example. You know or my children if we stopped off and they're with me then I would be completely fine with them having a cookie or whatever as well. But having a regular access to these kinds of things in the home where a child really can you know it would be the first line you know

for a snack, then that definitely tips the scale more on the direction you know away from what I would call moderation.

Jonathan: If I combine what you just said with what you said earlier about what's the default, it's really powerful. Cause what I'm kind of hearing you say is that right now a lot of people, the default are treats. But they need to be intentional and celebrations and special occasions. But right now, the default snacks are cookies and soda. Can you kind of talk about the default special occasions because some people might hear some of this and say so you don't let your kids go trick or treating? So, can you talk a little bit about that?

Kirsten Davison: So, I think you know for example in my household if I had Oreo cookies in our house and other forms of cookies always there my children would always choose that first for a snack. It's a given. If that option is not really there or was there infrequently then they turned their preferences to other things yogurt, fruit, nuts and so forth. You have to be a little bit careful of using food deliberately as celebration and doing that regularly because I think there's a real risk that food takes sort of an emotional quality. We have to be careful about that. Same thing goes for using food with children as a reward for something we have to be very careful about that because I think emotional relationships with food become very challenging for people particularly as they get older.

Jonathan: Let's talk more about that because you definitely hear as you get older you're like 'oh you exercised'...treat yourself, then you treat yourself with unhealthy food. Can you talk about that emotional relationship?

Kirsten Davison: Well I think that, particularly as we get older we definitely experience stress in our lives. We have you know emotional ups and downs and things like that and then we can react to those things in a number of ways. We can have a number of coping strategies. Now I think a very positive coping strategy might be to go out and go for a walk to exercise to use exercise as a way to really re-center yourself. And we're learning from research that that really is the case that exercise is medicine. And as you know positive mental health we have to be careful. You know some people turn to food to feel good about themselves and so often show real cycling and weight is often linked with this as well. There is and this emotional relationship with food probably dates to

you know very early times when it's being offered in situations where it's an emotionally aroused situation. You know my child's not feeling very happy. Let's go to so-and-so place, or let's do this let's get an ice cream. You know repeatedly over time begins to connect these things in a way that I think is really detrimental.

Jonathan: Is that your experience, is it more of a Pavlovian or...Christmas, Oreos, Christmas, Oreos, Christmas, Oreos and eventually I have a positive association between Oreos. Or is it when you eat Oreos something actually happens in your body that makes you feel better and therefore it's impossible not to feel better because it is chemically altering your body in some way.

Kirsten Davison: I don't do work directly in that area, but I would say that there is reasonable evidence that there are reactions, physiological reactions, to these foods. I know a little less about that but there is some people do feel better about themselves after eating after eating these kinds of foods. So, it is kind of a double whammy to a certain extent you potentially have these physiological responses you may feel emotionally better based on your history and the pairing of these things over time and it becomes very reinforcing for an individual I think.

Jonathan: Then what kind of cycle do you have then because it seems you feel bad, so you eat unhealthy foods, you feel good temporarily then you feel bad about eating unhealthy foods to have made you feel good cycle.

Kirsten Davison: Yeah, it's very messy.

Jonathan: So, can you describe a typical experience someone might have as a child, or as an adult, with that type of vicious cycle?

Kirsten Davison: Not really because I think it's more complicated than that. And you know some people are very vulnerable for example to eating when they're stressed they deal with stress through food. That is something probably to be aware of. If you fall in that camp and try and reframe how you cope with stress. I know you know a good number of people who respond in this way. And so being aware of these kinds of responses and being mindful about selecting and choosing other options I think is a good path forward.

Jonathan: Why don't people stress eat the Mediterranean diet?

Kirsten Davison: I think because it has it's less likely to have been paired with rejoicing celebrating you know all these positive things over time, so you know maybe we need to celebrate birthdays with carrots.

Jonathan: Carrot cake? This is a healthy dessert, it has carrots in it.

We talk a lot, but we don't need to get into this room to use a heads up.

You know that. Yes.

Yes. But you so are you. So, you are. Yes, I told you so. I was here. I was

Jonathan: Stereotypically, in our culture there has been tremendously more pressure placed on females to look a certain way. And my mother tells this story about how when she was like, on their first meal she prepared with my father when they were married and living together. She made five pork chops thinking that my dad would eat 3 and she would eat 2. She served two to my father and one to herself thinking then she would bring out an additional one for him and one additional one for her. My father ate the 2 pork chops and pushed away from the table and said he was full and my mother felt uncomfortable eating more because she didn't want to eat the same amount as my father. Why do we still have this misogynistic thing in our culture with relationships with women and food and women and weight?

Kirsten Davison: I think there's more this happens because more women are more objectified that they're seen and presented largely for their physical looks and so forth and this is considered a more attractive version of an individual. I do I. I think the playing field in that regard is being leveled out a little bit with social media and things like that I think we do see that men and boys are. Experiencing this as well.

Jonathan: So, is it being leveled out in the sense that it's terrible for everyone now?

Kirsten Davison: Right. Pretty much. And you know in regard to a little less gender oriented. The sense that you know the focus on women in particular and the need for them to

Be very focused on their weight and make sure they stay within a healthy body weight and so forth. You know I don't work too much in that area.

The term fat-shaming, is this a term that you think has validity to it or is it hyperbolic?

Oh definitely. Well fat shaming stigma that is linked with being overweight is very very present and people feel you know it's linked with many things particularly the sense that it's an individual's responsibility and it's their fault if they are carrying more weight than is healthy for them.

Kirsten Davison: You know you just have to sit on an airplane and then someone who is you know more and more of a weight walks on the plane you can feel the reactions of people around you. You know this research that shows that you know people applying for jobs and their CVs are completely identical and they and they have one person who might be carrying a weight and another who's really very similar. And there's you know those who are more overweight are less likely to be selected for jobs for example. There's many areas where there's some biases towards people who are carrying weight.

Jonathan: Do you think there is anything that can be done in our lifetime to remedy that?

Kirsten Davison: I think there's a lot of things we can do for one, using people first language you know even in my world which is an obesity research and I'm an editor on journals and things like that I still see people you know the vast majority of researchers even not using people first language that they're referring to you know, obese children are...60-64 obese children did this sort of thing. And I think that in my world as you know is obvious starting point in the recommendations we give families and that is really focusing on health and healthy eating and healthy lifestyles and the holistic view of a person and not focusing on weight. I think yes there's many many things we can do.

So, can you just give an example of people first language?

So. The basic difference between them is referring to an obese child versus a child with obesity. And I see it a lot and the things that I'm reading and the meetings that I go to that they refer to you know.

Yeah. Now I'm just trying to think of good examples that make a movie

That people first heard of the show. Each child is different.

Right.

Exactly. Yes sir.

Kirsten Davison: Well the recommended language is to refer to you know a child with obesity as opposed to an obese child. You know I do a lot of work with parents and families and so a child might be at risk of obesity because they have a parent with obesity, but you frame that as a parent with obesity not the children of obese parents would not be the appropriate way to verbalize what you're talking about.

Jonathan: Do you feel like shame, with regard to body weight specifically or body image, is a useful catalyst for change for empowerment of the person? Has anyone every been empowered by being shamed?

Kirsten Davison: I think no. I think is no place for shame. It is not a productive way to bring about behavior change, and to sustain the healthy strategies, to change the lifestyle and so forth. So, shame in general. You know I don't think we should raise our children through shame. I don't think we should, it's never a good approach in my opinion. Would you go as far to say that shame is more obesity inducing than anything you could eat?

I don't know. That would be why Obesity occurs over a very prolonged period of time.

And so, you know this is more obesity is a single issue. What is.

Jonathan: What will predispose you to obesity more, the act of eating a cookie or feeling ashamed for having eaten a cookie?

Eating a cookie compared to feeling ashamed for eating a cookie. I would say you know very clearly probably the latter because it reflects probably a history of interactions with that and with others. And it will determine what they do going forward as well. You know as I as I say moderation is really everything it's not a bad thing to eat a cookie, at all. So, knowing the circumstances when it you know what is moderation and how to do it appropriately is something we all need to learn.

Jonathan: So sometimes people will say ok, you're not supposed to feel ashamed, damnit, now I'm ashamed that I'm ashamed. So, they get into a shame spiral about feel ashamed for being shamed. What have you seen as effective interventions to avoid shame.

Well. Again, not focusing on weight per se, I think this is also particularly important in children because they grow and change, and their weight change is so much over time. You know it's not uncommon for a child and a tween to accumulate body weight and then all of a sudden you go back, and you see the child six months later and they've grown a foot you know these things happen. So, there's a lot it is a very dynamic system when you're talking about children. And so, focusing on weight as a whole is really not a good strategy.

Jonathan: Would you say that one of the most important things a person can do is change their relationship with food?

Kirsten Davison: I think it's very it's very important to have a positive relationship with food definitely. And we as adults can help children have a positive relationship with food and prevent emotional connections to food and senses of shame and things like that. It's a little bit more complicated with adults because they have a history that precedes you know how they feel about food.