

emotional WEIGHT

An integrative approach to weight loss and wellness

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So, what has been missing in the weight loss equation?

The World of Food

Overweight and obesity is the fastest growing health risk in the United States, with two-thirds of Americans categorized as overweight and 30% as obese. Most people focus primarily on nutrition and/or exercise as the key components to weight loss or management. However, many regain all, if not more of the original weight lost within five years. With each failed attempt, these individuals build even further frustration, resistance, helplessness, and even sadness/depression in their ability to lose and maintain a healthy weight.

It seems as if we have lost sight of the true meaning and purpose of food in our lives. Our relationship with food has changed from one of utility to one that can be extremely emotionally-charged. No longer is it just “taking candy from the baby” that stirs strong emotions; adults also may feel deprived, offended, or violated if outside food restrictions are placed on them. We have placed an extraordinary level of value on food as a comfort or even prize, as the restaurant, gourmet food, and specialty drink industries have grown to be a staple in our daily lives. However, what implication does this change in our relationship with food have when it comes to weight?

Hundreds of weight loss programs and products exist to aid in this epidemic; however very few of them attend to the emotional side of the weight loss process. Many promote prepackaged foods, restrictive diets, or unrealistic meal plans with little explanation of the true emotional value we place on what we consume. “Grief” was the topic of conversation with one recent client, as she noted her sincere sadness and loss that she is experiencing in having to give up her old relationship with food. She literally is experiencing the stages of grief (Kubler-Ross’s Stages of Death and Dying) as she re-begins her weight loss journey. This had never been addressed in the multiple previous attempts in commercialized weight loss programs. However, through therapy and an integrated team approach, she is finally addressing the psychological component to her weight and she is slowly and steadily establishing a better relationship with her world of food, as well as losing the weight that she originally intended.

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Today’s American culture places an amazingly high value on food. Historically, food was considered as a basic need that was low on the totum pole of emotional or “higher needs” (Maslow’s Hierarchy). However, now the bigger or more extravagant the food, the more satisfied people seem to feel when they consume it. Take for example the average bagel or muffin size 20 years ago (2 oz) to today (6-7 oz) and largest serving of french fries (4 oz) to 7-10 oz presently. The midnight buffet on cruise ships is the epitome of extravagance as food is beautified for consumption. Also, kids now watch an more tv food commercials in a two-hour period of time than their parents did in two days. Kids also eat both more frequent and larger snacks than in past years. This repetitive viewing of food ingrains children with the idea that food is a pastime rather than fuel for the body. In fact, if asked many people are no longer able to describe what it feels like to be physically hungry, having lost sight of the idea of “eating when you’re hungry”.

Many popular magazines also confuse our emotions as their covers display beautiful preparations of cakes, cookies, and other desserts, with other headlines including “*Get Slim in Four Weeks*”, or “*Proven Diet Tips*”. Given that most individuals are visual learners, the image of the food imprints on your brain without having ever intellectually processed the headline for the weight loss method.

We also can’t ignore the influence of friends and family in our relationships with food. Past generations didn’t have the access to food or money for food that we do, and thus have a different mindset toward it’s use. Many families belonged to the “clean plate club” which strictly enforced finishing the food in front of them. Because of increased portion sizes, this rule exacerbates overeating. Also, many families still reward children with sweets, center activities around food, or have traditions that encourage over- or extravagant eating. Since we are a product of our environments, we rarely challenge the

views until someone else points out any discrepancy in our knowledge regarding the food.

It's a no brainer that food is abundant in our society. A past client, who admitted to emotional eating, once named a popular local road as "Death Row" because within a 2-mile span, she counted over 37 restaurant signs. Research related to discount food clubs indicates that when food is purchased in large quantities, people tend to consume more than if purchased in smaller packages. Most restaurants provide meals that are 3-4 times portion size of a normal-sized meal. If you ask for a small drink with your sandwich, you're encouraged to increase the size for a few cents. All in all, the focus on food in our society psychologically impacts our view on what food is and how it should be used.

Physical vs. Emotional Weight

Energy Balance theory clearly indicates that in order to lose weight, one must expend more energy (ie., through physical activity) than is taken in (caloric restriction/ monitoring). However, if it were this easy, 63% of the American population would not be in their present predicament. Scientists once thought that obesity was primarily a genetic factor, but new research indicates that as little as 10% of overweight/obesity holds a genetic charge. This means that although there might be a predisposition toward overweight/obesity, it takes the lifestyle or behaviors in order to get you into the statistics. In other words, one can know everything there is to know about nutrition and exercise, but this still might not be enough to lose or maintain their weight.

In truth, most individuals will not lose their physical weight until they have lost their "emotional" weight as well. Emotional weight can be considered as any emotional (psychological) or behavioral (habit) factors that might impact or create obstacles for weight loss or maintenance. These can vary in seriousness from general stress to more serious psychological disorders. If you were to take an office survey, at least 50% of those present would likely say they eat/snack when they are stressed, bored, frustrated, angry, or simply 'because it's there'. Many take a walk to the vending machine simply as a habit during their morning or afternoon break. But suggest an elimination of this ritual, and you have one angry or discontented employee on your hands.

Stress has now been implicated physiologically as a factor of weight/obesity, with the recent evidence that the stress hormone cortisol increases appetite. Also, Herbert Benson of Harvard's Mind/Body Medical Institute shows that a reaction to stress is similar to intoxication in that just as the first thing to go out the window with alcohol is judgment, the same is true for stress. Therefore, with regard to food, people make worse nutrition choices when under stress and tend to choose quicker and less nutritious meals.

More serious psychological concerns also have a direct impact on those who are overweight or obese.

Compared to normal weight individuals, overweight or obese patients are more likely to have been diagnosed with major depression, post-traumatic stress disorder, anxiety disorders, obsessive compulsive disorders, as well as have experienced abuse, use substances, or have general relationship problems.

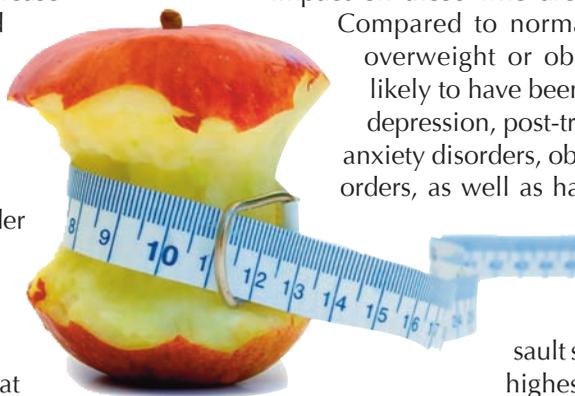
Sexual abuse or assault seems to have one of the highest indications for over-

weight/obesity, with nearly 75% of obese females having reported some form of abuse or assault in their past.

Oddly enough, the editorial crew for the psychological bible (the *Diagnostic and Statistical Manual*) are having difficulty finalizing criteria related to a diagnosis for Binge-Eating Disorder. The proposed definition noted "eating in a discrete amount of time (2 hours) an amount that is definitely larger than most people would eat in a similar period of time under similar circumstances" as well as a "sense of lack of control" during the episode. Unfortunately, many in the American culture now graze almost continually out of boredom, habit, or other emotions. Thus, the proposed definition has continued to be categorized as a diagnosis in the section for "more research" and isn't listed in the eating disorders section as of yet. Because 63% of American are overweight, the "norm" of eating has shifted; thus, shifting what the 'norm' of a diagnosis is as well.

Mindful Eating / Mindful Body

In addition to losing sight of the meaning of food, we have



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also lost sight of what, when, and how we eat, as well as how our body reacts when we eat healthy vs. unhealthy foods. It seems as if we eat to fill the gap rather than listen to our body's message as to what it really needs. Although most cravings can be satisfied in three bites, most individuals don't feel complete until they have cleaned their plate or emptied a package. How many of us eat in the car, while reading or watching TV or other activity that takes us away from actually tasting our food? How many of us remember from start to finish what a meal tastes like or don't remember having finished eating something? How often do we listen to what our body needs and when/how/how much to satisfy it?

Many people admit to eating for comfort. What few of them realize is that many are literally self-medicating. Most people who eat for emotions lean toward sweets and carbohydrates. Once digested, these carbs turn into tryptophen (the warm, cozy, nappy chemical induced similarly to the natural chemical in the ever popular turkey), then into serotonin (the same neurochemical that many antidepressants/anti-anxiety medications target). Therefore, individuals are literally receiving a "dose" of chemicals that calm and improve mood. Further, it is the first bite, not the last that induces this reaction, so one could get the same affect from one bite rather than an entire cheesecake. Ironically, even a short spurt of physical activity also induces a heightened level of serotonin, which can serve the same purpose and have a longer-lasting effect.

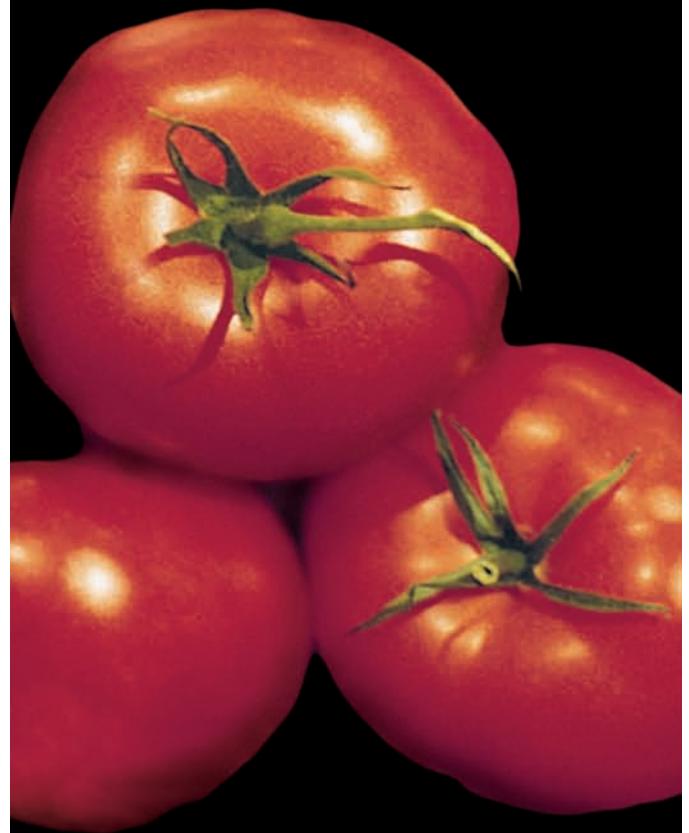
Our bodies also seem to be ignored both in terms of the food/nutrition we need, but also perception of body size in general. People who wear belted or zippered/snapped pants tend to monitor their weight better due to their own expanding waists, while people who wear stretchy materials tend to have a smaller image of themselves than they are in reality, and are less able to monitor feelings of fullness when eating. Many also mistake hunger for thirst, choosing food rather than water to fill the misperceived need. In addition, people often misinterpret tiredness with a need for food (fuel), when in actuality, they are not getting enough sleep.

Whether it is an emotional or physical message our mind and body are sending, we often misinterpret it due to our hurried lifestyles. Sleep studies show that people today get 2-3 hours less sleep than they did 20 years ago and both men and women are working more hours. This partly explains why over 40% of meals are eaten away from home. When it comes down to it, we don't stop long enough to listen to our minds and bodies in order to provide what it really needed.

In order to more realistically and fully succeed in weight loss and maintenance, the key components of Emotional Weight need to be acknowledged and balanced. If the appropriate dots are connected, the underlying obstacles to weight concerns can be addressed and individuals can go on to live a much more mindful and healthy existence without the repetitive disappointment when those factors are left unaddressed.

For more information, contact Katherine T. Kelly, Ph.D., M.S.P.H., Director of Branches Holistic Health and Wellness Center, 1001 Reynolda Road, Stockton Cottage, Winston-Salem, NC 27104; 336-723-1011; www.brancheshealth.com. See ad on page 35.

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