EMOTIONAL EATING: CAUSES, PREVENTION, TREATMENT AND RESOURCES

PRESENTED BY
LINDA CHASE, LCSW
PREVALENCE OF EMOTIONAL EATING

• Emotional Eating affects millions of Americans, including many individuals struggling from depression and bipolar disorder.

• Emotional Eaters come in all shapes and sizes, ages, races, both males and females.
DEFINITION OF EMOTIONAL EATING

• Emotional Eaters are people whose minds repeatedly move their hands toward food even when they are not at all physically hungry.
• Emotional Eating is compulsive and the emotional eater feels unable to control their eating.
• Emotional Eating may seem self-destructive but it is always an attempt at self-help.
• Emotional Eating is often an attempt to manage mood with food.
• Emotional Eating frequently leads to a serious eating disorder, if left untreated.
• Emotional Eating can be overcome through treatment.
ADAPTIVE FUNCTIONS OF EMOTIONAL EATING

• Comfort, Soothing, Nurturance
• Numbing, Sedation, Distraction
• Escape from Painful Emotions
• Discharge Tension, Anger or Frustration
• Create a Larger Body for Protection/Safety
• Avoidance of Intimacy
TERMS FOR EMOTIONAL EATING

- Compulsive Eating
- Compulsive Overeating
- Overeating
- Disordered Eating
- Dysfunctional Eating
- Binge Eating Disorder
BINGE EATING DISORDER

• DSM-IV subtype under the category of Eating Disorder Not Otherwise Specified (EDNOS).
• The criteria for a diagnosis include:
• Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following: a) eating in a discreet period of time (e.g., within any 2-hour period) an amount of food that is definitely larger than most people would eat during a similar period of time in similar circumstances; b) a sense of lack of control over eating during the episode (e.g., feeling that one can’t stop eating or control what or how much one is eating).
• The binge eating episodes are associated with at least three of the following: a) eating much more rapidly than normal; b) eating until feeling uncomfortably full; c) eating large amounts of food when not physically hungry; d) eating alone because of being embarrassed by how much one is eating; e) feeling disgusted, depressed, or very guilty after overeating.
• Marked distress regarding binge eating.
• The binge eating occurs, on average, at least 2 days a week for 6 months.
• The disturbance does not occur exclusively during the course of anorexia or bulimia.
CAUSES OF EMOTIONAL EATING

DEPRIVATION

• “Starvation and self-imposed dieting appear to result in eating binges once food is available and in psychological manifestations such as preoccupation with food and eating, increased emotional responsiveness and dysphoria, and distractibility.”

AFFECT REGULATION

• Many overeaters turn to food for all types of emotional reasons including, anger, stress, loneliness, boredom and happiness.
DIET-BINGE CYCLE

- Cultural Body Ideal >
- Negative Body Thoughts >
- Dieting >
- Deprivation >
- Overeating >
- Guilt, Shame, Depression, Anxiety >
- Overeating to Escape Painful Emotions
WEIGHT LOSS MYTHS

- **MYTH:** Dieting is a good way for me to lose weight.
- **FACT:** 95 to 98% of people who go on a diet gain back all the weight they lose plus more (National Institute of Health Study).
- **MYTH:** I should only eat healthy foods.
- **FACT:** Although it is important to include healthy foods in your diet, we all like a variety of foods and we live in a society where food is abundant. When you tell yourself you can’t have a certain food, such as a cookie, you feel a sense of deprivation. Eventually, you will rebel against the deprivation and eat more cookies than your body needs. While you may feel out of control, this is a normal reaction to restricting foods.
- **MYTH:** I can’t be happy unless I’m thin.
- **FACT:** There are happy and unhappy people at all sizes. Research shows that the key to having a high self-esteem is for you and your family to value who you are and respect your body, no matter what your size.
WEIGHT LOSS MYTHS

• **MYTH:** The more I exercise, the better off I will be.

• **FACT:** Exercise is an excellent way to keep your body healthy and strong. However, exercise can become a compulsive activity causing physical and emotional problems. If you must exercise every day in order to feel okay, exercise for hours at a time, or if exercise gets in the way of other activities, you have probably become a compulsive exerciser.

• **MYTH:** People who are thinner are healthier.

• **FACT:** People who are fit are healthier. In fact, a recent study found that it is healthier to be larger and fit than to be thin and unfit.
WEIGHT LOSS MYTHS

FEMALES

• **MYTH:** I can stop my body from adding fat cells by eating less.
• **FACT:** Around puberty, girls will find that their bodies develop fat around their hips, thighs, and buttocks. This is supposed to happen, even though there is much pressure in our culture to stay thin. When you try to stop this process by restricting your food intake, especially during adolescence, your body is programmed to think that you will not be prepared for child-bearing years. As a result you will have a physiological response in which you will produce more fat cells and larger fat cells that will be with you for life.
RECONSIDERING WEIGHT LOSS

- Yo-yo dieting causes and exacerbates medical problems.
- There are medical conditions in which weight gain is a symptom rather than a causal factor.
- Research is often contradictory at best as to how weight loss improves medical problems.
- Dietary changes (not dieting) and/or physical activity can improve or resolve medical problems for people of all sizes, even when no weight is lost.
- People with emotional eating issues generally must solve this problem first in order to integrate dietary interventions.
EXTREME WEIGHT LOSS MEASURES

- Gastric Bypass Surgery
- Lap-Band Surgery
- Liquid Diets
- Fasting
- Diet Pills
- Laxative Abuse

- Changing the External Body through Extreme Weight Loss Measures does not address Emotional Eating issues.
- Individuals should be well informed of the medical risks associated with Extreme Weight Loss Measures
WORKING WITH MEDICAL PROFESSIONALS

• Anyone struggling with emotional eating issues should be monitored by a medical doctor.
• Emotional Eaters have more success with medical doctors who are knowledgeable about emotional eating and emphasize health, dietary changes (not dieting) and fitness over weight loss.
• Some emotional eaters report that having their weight announced at a medical doctor’s office triggers an overeating episode. An individual can request to not be told their weight and/or to weigh backwards.
• Increased appetite is a side effect to some medications. Individuals can ask their medical doctor if other medication options exist. Dieting in response to increased appetite from medications often leads to the diet-binge cycle.
CONCURRENT PROCESSES FOR OVERCOMING EMOTIONAL EATING

• Letting go of Myths about Dieting
• Learning Attuned Eating
• Building a Positive Body Image
• Learning other ways to Regulate Affect
• Developing a Nurturing Internal Caregiver
• Discovering Pleasurable Physical Activities
ATTUNED EATING

• The non-diet approach to treating emotional eating helps individuals return to a normal relationship with food. These concepts of attuned eating address the questions of when to eat, what to eat and how much to eat.

• Researchers, dieticians and therapists who developed these ideas agree that human beings have natural, internal instincts that can reliably direct them in self-regulating their food choices.

• Individuals who display symptoms of emotional eating have lost their innate ability to self-regulate their hunger and satiation.

• Regardless of whether this lack of attunement comes from years of dieting, the use of food for affect regulation, or both, the first step in the process of curing emotional eating is for individuals to relearn how to accurately listen to and trust their bodies’ signals.
STEPS TO RELEARNING ATTUNED EATING

• Learning to identify **Physical Hunger**.
• Determining the Difference between **Physical Hunger** and Emotional or Deprivation Hunger.
• Learning to **Make the Food Match** (identifying what type of food one’s body is hungry for at this time).
• Learning to **Legalize Foods** (no food is considered “good” or “bad,” “healthy” or “unhealthy” or “forbidden”).
• Learning to **decrease the craving for forbidden foods by Stocking** (making these foods abundantly available).
• Learning to identify **Physical Fullness**.
BODY IMAGE

BODY ACCEPTANCE = SELF ACCEPTANCE
BODY HATRED = SELF HATRED

- Emotional Eaters often find that ending their negative body thoughts is the most difficult aspect of their treatment.

Steps to move toward Body/Self Acceptance:
- Raise awareness of one’s own negative body/self talk.
- Negative body thoughts are never just about one’s body. Negative body thoughts are a distraction (decoy) from the real underlying uncomfortable feelings. When an individual learns to translate negative body thoughts into feelings, they gain a deeper understanding of themselves and change occurs.
BODY IMAGE

Steps to move toward Body/Self Acceptance:

Exercises/Visualizations (can be done individually or in a group setting):
• Challenging one’s own Fat Prejudices.
• Challenging the Myth that Thin equates to Happiness.
• Surrounding oneself with people who are Accepting of all Body Shapes and Sizes.
• Learn to stop using the Number on the Scale as a measure of one’s Worth.
• Learn to stop using Clothes that Don’t Fit as a Form of Self-Punishment.
• Identify Positive Aspects of One’s Body.
PREVENTING EMOTIONAL EATING IN CHILDREN

DO:

• Trust your child to listen to his or her own internal cues about eating.
• Encourage your child to eat in response to physical hunger.
• Provide a wide variety of all types of food to your child.
• Allow your child to stop eating when he or she reports physical fullness.
• Teach your child to love his or her body at any size or shape.
• Facilitate physical activity for pleasure.
• Help your child find ways to deal with feelings or boredom other than by reaching for food.
PREVENTING EMOTIONAL EATING IN CHILDREN

DON’T:
• Use food as a reward.
• Coax your child to eat foods he or she does not want.
• Make any foods forbidden, such as sweets.
• Restrict the amount of food your child eats.
• Criticize your child’s body size.
• Speak negatively about your own body.
• Promote dieting behavior.
TIPS FOR FAMILY AND FRIENDS OF EMOTIONAL EATERS

• Learn all you can about Emotional Eating. Genuine awareness undermines judgmental or mistaken attitudes about Food, Body Shape and Emotional Eating.
• Discourage the idea that a particular diet, weight or body size will automatically lead to happiness and fulfillment.
• Be a good role model in your attitudes about food, body-image and weight-related issues. Avoid making negative comments about your body or anyone else’s body.
• Learn about the dangers of dieting, the importance of eating a variety of foods and enjoying moderate exercise to feel healthy and fit. Avoid overemphasizing a person’s beauty and shape.
TIPS FOR FAMILY AND FRIENDS OF EMOTIONAL EATERS

• Help your loved one to see there is more to life than food, weight and trying to obtain the “perfect body.”
• Compliment your loved one on attributes (such as sincerity, creativity, and uniqueness) rather than size, weight or shape.
• Ask your loved one how you can help.
• Don’t expect the emotional eater to be perfect in his or her recovery.
It is very important to work with professionals who are knowledgeable about Emotional Eating issues.

- Emotional Eaters should be monitored by a medical doctor.
- Additional helping professionals include: Dieticians, Individual Therapists, Family and Group Therapists and Psychiatrists.

Treatment modalities:
- Individual Therapy
- Group Therapy: Support Groups, Time-Limited Groups, Ongoing Groups
- Family Therapy
EMOTIONAL EATING RESOURCES

BOOKS:
• Overcoming Overeating, by Jane R. Hirschmann & Carol H. Munter.
• Preventing Childhood Eating Problems, by Jane R. Hirschmann & Carol H. Munter.
• The Diet Survivor’s Handbook, by Judith Matz & Ellen Frankel.
• Breaking Free from Compulsive Eating, by Geneen Roth.
• The Food & Feelings Workbook, by Karen R. Koenig.
• Eating Mindfully, by Susan Albers.
• Intuitive Eating, by Evelyn Tribole & Elyse Resch.
• The Body Image Workbook, by Thomas Cash.
• Self-Esteem Comes in All Sizes, by Carol A. Johnson.
EMOTIONAL EATING RESOURCES

WEBSITES:

• Gurze Books:  www.bulimia.com

• Binge Eating Disorder Association (BEDA):  www.bedaonline.com

• National Eating Disorders Association (NEDA):  www.nationaleatingdisorders.org

• Overcoming Overeating:  www.overcomingovereating.com
EMOTIONAL EATING RESOURCES


- This book was very instrumental in the preparation of this presentation.