Obesity: Is Emotional Eating the Missing Link?

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www.EatingBlueprint.com
www.PositiveDiabetes.com
Introductions

A confession! I have type 1 diabetes and am a recovered emotional eater

Struggled to translate the medical care and education into my life

NHS Clinical Psychology training, EatingBlueprint.com, PositiveDiabetes.com, NHS Wellbeing Projects

Self-help books addressing emotional issues in T1 and T2: ‘Your Weight Isn’t About Food’ & Diabetes and Wellbeing’
Aim of Today

- Give you a different paradigm for understanding people who are ‘failing’ to lose weight
- Outline a psychological understanding of this ‘failure’
- Introduce a new psychological skills programme, the ‘Eating Blueprint’
- Give you tools to use in your time – limited practice
- Signpost you to further resources
The Psychology of Eating
We are in the midst of an obesity epidemic

Current health education messages are focused on ‘eat less and move more’

We know for every person who can implement this advice, there are many who struggle

Leads to a sense of failure and increased hopelessness ...

....for both the person who is struggling and the health professional
Why Can’t we Just ‘Eat Less and Move More’?!

Traditional medical and dietary advice treats weight loss as if it is a logical, rational process.

There is an assumption that education alone leads to behaviour change.

But education doesn’t always lead to desired change does it?

How do we know this?....
An Invitation

• Please stand up!
• Consider yourself and your own life
• I will read you a list of health recommendations
• For each recommendation, if you have followed it for the past 7 days, please stay standing
• If you haven’t, please sit down and stay seated
The Job Description of Health

• I ate 5 pieces of fruit/vegetables each day
• I exercised at least 30 minutes a day x 5 days
• I slept 7–8 hours each night
• I did not smoke
• I drank alcohol within recommended limits
• If on prescription medication, I took it exactly as advised
• I brushed my teeth twice a day for 2 minutes at a time
• I flossed my teeth daily
• When driving, I kept to the speed limits at all times
NHS Health Professionals?! 

Health Messages are Clear....
- Alcohol intake?
- Food choices?
- Exercise decisions?
- Sleeping habits?
- Smoking

Yet how often do we take our own advice?!
- We too, are the ‘patient’ when it comes to being able to implement lifestyle change
The people we work with increasingly know what they need to do to care for their health

Something gets in the way when they leave us

What is the Missing Link?
Is it motivation?

- Get dressed
- Clean our teeth
- Kiss our child goodbye in the morning

People ARE motivated....

We (generally!) don’t have to ‘motivate’ ourselves to....
We value our child feeling loved as they go to school.....

......so we organise ourselves to wave them off in the morning

Our Identity, our self esteem and our values

We value not breathing our garlic breath from last night’s dinner on our colleagues.......

......so we organise ourselves to brush our teeth in the morning
The Problem:

• Each person IS motivated to do EXACTLY the right thing for them, given two aspects of themselves:

• Knowledge + information + emotions + values + life stories

Traditional Medical/Health Education Models

????????
Emotions and Values

• Where in our health care settings are we routinely talking about emotions, values and life stories?!
Psychological models point to…

THESE guide all our decisions; including decisions about our health and what to eat

As the bridge between knowledge and behaviour

Our: Identities Self-esteem Values Emotions....
Eating Context.....

Biological Factors

Psychological Factors

Social Factors
We’re fighting our evolutionary history

Our bodies have evolved...

...to seek out and store food in times of plenty to sustain us in times of scarcity

Contradicts our modern day lives......

...where food is readily available
Social Reasons

Shared eating experiences are a way of bonding and celebrating within communities.

Family members may offer food to show their love when it is difficult to express emotions directly.
Psychological Context

The connection between emotion and food is one that is established from birth.

Tears comforted by caregiver’s milk. Food to soothe upset as the child develops.

By adulthood, an unconscious pathway exists for the impulse to reach for food to distract & comfort.
Weight as a Symptom of Distress

There is a substantial body of evidence that suggests many who routinely use food for emotional regulation have a history of adverse experiences.

The incidence of trauma, childhood abuse, sexual abuse, low self-esteem and depression is high among people who are obese and those presenting for bariatric surgery (Gustafson et al, 2006).

Despite this, access to psychological services for obese people has been limited to screening for psychiatric disorders in preparation for bariatric surgery.

Tier 3 weight management services – Psychologists as part of the MDT.
The ‘Unvoiced Story’ of Eating Behaviour

Conscious Mind
- Thoughts you ARE aware of in your daily life

Unconscious Mind
- Thoughts you are NOT aware of, but direct your behaviour
Eating: The ‘Unvoiced’ Conversation

“I’m sad”
.... I eat

“I’m bored”
... I eat

“I’m stressed”
.... I eat

“I’m lonely”
.... I eat

“I failed the diet”
.... I eat

Dietary and Exercise Advice
Dietary and Exercise Advice
Dietary and Exercise Advice
Dietary and Exercise Advice
Dietary and Exercise Advice
‘Heart Sink’ Moments......

“But I hardly eat a thing”

“How can you understand what it’s like, you’re not fat like me”

“Everyone in my family is big”

“I’ve tried to lose weight before and couldn’t keep it off, it’s pointless trying”

“Well you can’t help me – you obviously don’t practice what you preach”

“When I start eating, I just can’t stop”
There are often very good and important reasons why people overeat, are big in body, or both.

We often have what I have termed an ‘Eating Story’, that is usually unvoiced and often unrecognized.

This Eating Story means we are unconsciously motivated to eat and/or stay bigger than we would like, even when we are consciously motivated to do anything but.
What is an Eating Story™?

• An Eating Story™ describes:
• The ‘non-hunger’ reason(s) why a person is eating, big in body, or both, that typically serves an important life function (Nash, 2016)
• This deeper side to the eating and weight loss journey is rarely talked about in traditional approaches, but is often the key reason why a person can’t follow health advice in the long term.
• The person is eating/maintaining a big body size for VERY important reasons and until they’ve been shown to recognize, and acknowledge this, little will permanently change in the long term.
How Do We Uncover an Eating Story™?

• In practice, it required a long psychological assessment process, interviewing the person about their childhood/adolescent experiences, as well as early eating habits/styles/rules.

• Over time, I have distilled these into 25 common Eating Stories, and find that once a therapeutic rapport has been established and the person has grasped the concept of an Eating Story they can usually self-select 1-5 that make sense (‘feel true’) for them.
“Food is.....”

• ‘Food is a treat’
• ‘Food is a way I show love’
• ‘Food is the way I rebel’
• ‘Food is a way I connect’
• ‘Food is my ‘me-time’
• ‘Food is my friend’
• ‘Food is a way of numbing out’
• ‘Food is a way others control me’
“Eating …..”

• ‘Eating keeps me accepted’
• ‘Eating means I don’t feel deprived’
• ‘Eating is a way I fit in’
• ‘Eating is a way I self-harm’
• ‘Eating keeps me safe’
• ‘Eating keeps me secure’
• ‘Eating keeps the true me invisible’
“Being Bigger In Body..”

• ‘Being bigger in body keeps me more / less visible’

• ‘Being bigger in body shows others I am affluent/successful’

• ‘Being bigger in body keeps me sexually safe’

• ‘Being bigger in body helps me fit in’

• ‘Being bigger in body means I’m less vulnerable’
What Does this Look Like in Practice?
Mira’s Unvoiced Story.....

• Not enough food at home when she was young
• Experienced sexual abuse as a teenager
• Low self-esteem, food has been a ‘friend’
• Knows what she ‘should’ be eating, but knowledge isn’t enough
• Why? Because she’s VALUING the other things food brings her: comfort, the security the presence of plenty of food offers, when she’s bigger she unconsciously experiences herself as less attractive, and therefore ‘safe’
• Mira identified the following Eating Stories: ‘Being bigger in body keeps me sexually safe’, ‘Eating keeps me secure’
• Mira needs: skills to comfort herself, to self-soothe, other ways to feel secure in the world that don’t involve food
Hannah’s Unvoiced Story……

• Busy, single mum to two under 10’s
• School run, work, finances
• Stressed, anxious
• Grabs snack food on the go, eats when feelings stressed and anxious
• ‘I’ve failed at the diet today’ – comfort eats
• Knows what she ‘should’ be eating, but knowledge isn’t enough
• Why? Because she’s VALUING the other things food brings her: stress relief, ‘me-time’, distraction from anxiety
• Hannah identified the following Eating Stories: ‘Food is a treat’, ‘Food is a way of numbing out’
• Hannah needs: skills to manage stress and anxiety, self-compassion to forgive ‘bad’ food choices
Robert’s Unvoiced Story.....

- Manual job, works hard, but not happy in his job
- Wife: “I’ll cook you something nice, it will cheer you up”
- Can’t say no to wife’s home cooked meals
- Raised to ‘Finish your plate’
- Knows what he ‘should’ be eating, but knowledge isn’t enough
- Why? Because he’s VALUING the other things food brings him: distraction from work demands, ‘a quiet life’ with his wife
- Robert identified the following Eating Stories: ‘Food is my me-time’, ‘Eating keeps me accepted’
- Robert Needs: other ways to communicate care in the family, assertiveness skills to say no at home/work
What do you notice?

• Food and eating aren’t the ‘real’ problems
• They are simply symptoms of something else
• The problems exist in the Eating Stories Hannah, Mira and Robert hold in their lives:

  – ‘Being bigger in body keeps me sexually safe’
  – ‘Eating keeps me secure’
  – ‘Food is a treat’
  – ‘Food is a way of numbing out’
  – ‘Food is my me-time’
  – ‘Eating keeps me accepted’
Psychological approaches:

- We don’t make it wrong to eat
- Everyone can use food for non-hunger reasons and it can be fine to use food in these ways
- The difficulty is when food becomes the only/default way to deal with life
- Goal is to use the Eating Story to help the person be able to make a decision about whether to eat, rather than it be an automatic response
Talking About Change.....

......When there’s no time...

......and without opening that ‘can of worms’
The Eating Blueprint™

• Traditional advice has ‘forgotten’ something
• Traditional approaches are trying to build the house (create the body/weight) before laying the foundations (the supporting emotions/mindset)
• We need strong foundations in order to build a house
• ‘The Eating Blueprint’ provides the foundations
Lay The Foundations - The Eating Blueprint™

Forgiveness
Focus
Fun
Fables
Feelings
Foresight
Framework
Future
1. Forgiveness
1. Forgiveness (Normalise)

- Give yourself a break for being overweight
- You’re fighting a biological, psychological and social world that’s set up to promote weight gain.
- You’re not ‘wrong’ or ‘bad’ for being overweight, it’s ok to struggle – most people do
- Provides relief from shame and stigma
2. Focus
2. Focus

We all eat mindlessly for non-hunger reasons – this is normal

Interrupting mindless eating involves asking ourselves, “Is food what I really need?’

Start to notice the conditions in which eating occurs - mindless versus mindful eating
Focus:
3 Steps - WHY

Wait
- Pause before you eat
- Reminder on dominant hand/wrist
- ‘WHY’ wristband
  - Watch, charity band

Hungry?
- Is food what I really need right now? Am I physically hungry? If not...
- What AM I hungry for? (a break, to cheer me up, as a distraction, to bond with someone)
- What problem am I hoping food will solve?

Yes: Say ‘Yes’ to Food Or Emotion
- If physically hungry – say ‘Yes’ and eat
- If not truly hungry and still eat – that’s ok!
- Can I get my hunger met by something other than food?
You’ve got 1 minute.....

- In pairs, brainstorm ideas of a reminder you can put on your dominant hand/wrist that will act as a prompt to eat mindfully
- Here are some ideas: watch, elastic band, charity band, writing a * or another symbol on the back of your hand, putting a plaster on your hand, wearing a ring or bracelet......
- Invitation: Put a reminder on your dominant hand/wrist now! Experiment with noticing it as you reach for food for the rest of the day...
3. Fun
3. Fun

Eating is pleasurable and entertaining
It can become a friend

When you feel the urge to eat for non-hunger reasons

Look for ways to increase non-food sources of pleasure and distraction
3. Fun

Build up a list of at least 10 activities, different ones for different locations

- Stroke their pet, go online, have a lie-down, call or text a friend, sing a song, paint their nails, read, do a Sudoku puzzle, play a game on their phone, write an email or letter, organise a drawer or wardrobe, start making a Christmas card list.....

Try 3....

- If the 3 activities haven’t ‘worked’....
- Then eat!
You’ve got 1 minutes.....

• In pairs, create a list of 3-5 things you could experiment with doing when you’re not physically hungry and your brain gives you the suggestion to eat

• Think of things you can do whilst at work, at home, when outside of the house...

• Invitation: Experiment today with making a choice other than food when you’re not hungry and your brain instructs you to eat!
Here are a few ideas.....

• Stroke your pet, go online, go for a drive, plan a day out/trip, take a photo, have a lie-down, call or text a friend, sing a song, paint your nails, read, do a crossword or puzzle, play a game on your phone, write an email or letter, organise a drawer or wardrobe, fix something that needs mending, watch a funny TV programme or online clip, go to a library, water the plants, give someone a hug, massage your hands, look at old photos, have a bath or shower, wash the car, research a celebrity/sport/film etc that you’re interested in, go to a church or place of worship, start making a Christmas card list, pray or meditate, sew, give a 1 minute shoulder rub to a friend, write a letter to yourself.....
4. Feelings
4. Feelings

We often use food to ‘stuff down’ emotions that we don’t feel able to express. It’s a skill to be able to express emotions authentically to both ourselves and others.

You need strategies to express and manage emotions.

Rather than avoid or dull them with food.

How Are You Feeling Today?

Happy, Angry, Sad, Scared, Tired, Frustrated, Lonely, Bored, Confused, Overwhelmed, Frustrated, Grumpy, Tired, Lonely, Bored, Confused, Overwhelmed.
4. Feelings

- Invite the person to identify which emotion they are feeling as they reach for the food
- May be positive or negative
- Start by labelling it –
  - Anger?
  - Hurt?
  - Feeling unattractive?
  - Sadness?
  - Boredom?
  - Not good enough?
  - Excitement
  - Loneliness?
  - Celebration?
4. Feelings

- Use a template:

- **I am** [insert emotion]

- **At** [insert situation/person/trigger for emotion]

- **Because** [insert reason]
4. Feelings

- I am upset at my partner because he/she forgot our anniversary
- I am hurt at my friend for sharing something I had told her in confidence
- I am cross with myself because I didn’t go to the gym
5. Fables
5. Fables

- Family stories and rules about food
- May be spoken or unvoiced
- ‘Eat your vegetables before having dessert’
- ‘I have to finish this because she/he’s cooked it for me’
- ‘I always eat something with a hot drink’
- ‘A meal always ends with something sweet’
- Post war narratives that were valuable, ‘It’s wrong to waste food’ and ‘Finish Your Plate’
- We need to question the utility of these fables, and create more helpful narratives that serve our modern day lives
You’ve got 1 minute.....

• In pairs, have a think about your personal Food Fables
• Think about Fables in each life role: Parent, family member, Spouse/partner/friend
• Are these Fables always helpful / true?
• Can you experiment with a new Fable? You can always go back to your old one if it suits you better!
Recognise Any of These Fables?

As a parent?
• She/he must finish their dinner
• I’ve spent hours preparing this, they’re ungrateful if they don’t eat it
• My child needs to (fill in your rule) to be healthy
• I show them I love them through food

As a family member?
• I can’t say no when (mum/mother in law etc....) offers me food
• I can’t say ‘I love you/I’m worried about you/I’m proud of you’, but I can give them food
• We always get a takeaway on Fridays
• I always bring sweets when I see the grandchildren

As a spouse, partner or friend?
• I can’t lose weight because he/she will feel bad
• I have to finish this because she/he’s cooked it for me
• We have to meet for coffee& cake / for dinner / in a bar

As a colleague / community group member?
• I have to eat to ‘join in’ (bond)
• We have to have biscuits by the kettle
• I have to bring back chocolates from holiday

As an individual?
• I have to eat bread at lunchtime
• I always eat something with a hot drink
• A meal ends with something sweet
• It’s wrong to waste food
The Eating Blueprint – Next Steps
None of this is Rocket Science!

Yet why aren’t we doing it?

Because we’re in a medical paradigm, that treats obesity as medical or educational problem, not an emotional or psychological one.

Psychologists are generally limited to using structured CBT, in a 1:1/small group format, so these ideas aren’t available to the MDT.

Be mindful that simply identifying and normalising the emotional element of overeating can be therapeutic.
“May we talk about your weight for a moment? (Don’t worry, I promise it’s not a lecture!) We know that weight loss isn’t as simple as ‘eat less, move more’ - life can be difficult, and eating can be a way of coping with feelings, and with boredom and distraction, for all of us no matter what our shape and size. We may not have time to explore this much today, but are you aware of sometimes eating in these ways? I can point you in the direction of some self-help information, if you would like?”
www.EatingBlueprint.com

• Register for a free Starter Pack at www.EatingBlueprint.com
• Free E-book ‘Why Diets Fail’
• Free 10 Day E-Course by Email
Eating Blueprint Online

• Online/video based psychological skills programme
• 12 modules
• Bitesize learning (10 mins each) with accompanying ‘Action Sheets’ & ‘Experiments’
• Audit data from pilot is encouraging - currently working with NHS partners to establish a robust evidence base
The Future – Hopeful or Not?

Do you feel the sense of hopelessness that surrounds the obesity conversation?

• The ‘what’ and ‘how much’ of eating IS of key importance....

But we need to shift our focus on to the ‘why’ of our eating behaviour

• ...and be creative in taking a macro and micro-level approach to the obesity challenge
Smoking Cessation: Lessons Learned

Governmental Regulation
- Legislation

Industry
- Tobacco manufacturers
- Role of supermarkets and food manufacturers?

Public Heath
- Education and ‘Stop Smoking’ support
- Campaigns that focus on the ‘why’ of eating?
In Summary....

• Achieving/maintaining a healthy weight is a psychological task
• We need to empower people with:
  – skills to be able to identify their psychological hungers
  – strategies to make a choice other than food
• So the *person is* in control, not the food
• The invitation is to start with yourself (no matter what your weight and shape!)
• Be mindful that simply naming and normalising the non-hunger components to eating is an excellent first step
Questions & Next Steps

• Please invite the people you work with to use the free resources at: www.EatingBlueprint.com and

• Join me for the ‘Eating Blueprint Training For Health Professionals’ – One Day Workshop and access to the Eating Blueprint Online Video Learning Package - equipping you with skills to implement the Eating Blueprint Method in your routine consultations. Please see flyer and email for further info: hello@eatingblueprint.com