

# WEIGHT LOSS

## When Being Down is Bad

Selma grew up in a Jewish family and when her father died, friends and family visited her and her mother to offer condolences. As is their custom, they often brought food. This custom frees the family to grieve their loss and to be surrounded by members of their community without the burden of providing for them. She distinctly remembers what foods people brought and remembers that she found comfort in the eating. It was her only break from the grief.

Robert's story is different. He was a latch key kid and would return from school each day to find an empty house. His mother would always leave him food. She would prepare sandwiches, provide cookies, and chocolate milk. Sometimes, there was a scavenger hunt and he would find other snacks scattered about the house. Food provided not only comfort for Robert, but companionship.

Jill grew up in a home with an alcoholic father who was, at times, abusive to her mother. The pattern, as Jill recalls, would begin at the dinner table. Father would begin drinking before dinner and would be drunk midway through dinner. In retrospect, Jill's mother escalated the problem by confronting him with his excessive drinking when he was drunk. Jill's mother protected her and her siblings by sending them to their room with the desserts. There, huddled together and listening to the fighting and battering, they ate.



As you think about the above vignettes, what themes come to mind? Do the struggles of Selma, Robert, or Jill trigger memories of your own that might be related to your reliance on food? These stories and stories like them, of grief, loneliness, and helplessness, can lead to periods of depression later in life.

It is not uncommon for a person to feel depressed at some point in their lives. In fact, it is often a critical emotion for a person to experience, especially when dealing with losses (such as the death of a loved one, loss of a job, end of a relationship). However, when these episodes last for days and weeks at a time, it is often a warning sign that something more significant is occurring. When this happens, it is vital to consult someone to assess whether this is still a natural reaction to the situation or you have become clinically depressed. Often one of the things that people try to do before seeking help is deal with the problem themselves, especially because it is often considered a weakness to be depressed and something you should just “snap out” of on your own. However, as anyone who suffers from depression will tell you, it is not that easy. So, how do people try to cope with their depression? Well, some of the most common ways are alcohol, other substances, or food. (This is often referred to as self-medicating.) So the next question becomes, how do we choose what to use? As is often the case, it depends on what has been modeled for us from a young age.

In the case of food, from a young age we are taught that when we are upset, food is a source of comfort. How often do adults hear their baby crying and automatically think it means that they are hungry and need food? This is the beginning of what behavioral psychologists call a paired response. When this occurs, an individual has learned to pair a certain situation with a certain response. In

the case of depression, when someone feels unhappy or sad, they respond by soothing this response with food. This is known as a coping response, if this becomes generalized the person will use it all the time to cope with the various situations and feelings that they encounter. Coping responses can be adaptive (e.g., talking to someone) or maladaptive (e.g., eating). Research suggests that children who eat excessively are more likely to utilize maladaptive strategies to cope with emotions such as anxiety and depression<sup>1</sup>.

As we grow up, we rely on food as a way of coping with our sadness. Excellent examples of this are eating after a stressful conversation or a break up. We use food to sooth ourselves and while this is a perfectly acceptable coping strategy when it happens occasionally, it becomes a maladaptive coping strategy when it occurs as our primary way of coping with these feelings. With this in mind, research has demonstrated that individuals who have problematic eating behaviors are more likely to use more coping strategies that aim to avoid dealing with the situation<sup>2</sup>. This means that if you eat as a way of avoiding or dealing with something, then you are more likely to use other avoidance strategies to deal with challenging situations.

Once we consume food, the journey that it undertakes within the body sparks off a variety of chemical reactions, one of which involves serotonin, which is one of the main chemicals involved with an individual’s mood<sup>3</sup>. One theory associated with this is that eating certain food groups increases the production of serotonin. This may be an effort by the individual to self-medicate against depressive symptoms. This gives the term “comfort food” a whole new meaning. This means that when you eat the candy bar or the ice cream, it does actually make you feel better.

With counseling, Selma was helped to reconnect with her memories of her father and found that while she missed him greatly, she felt strengthened by his love for her and her love for him. She was also able to connect differently to her memories of the mourners, as well and can now remember the things they said about her father in addition to the food they brought.

Robert, who for years felt abandoned by his working mother and ate to feel cared about, finally recognized that his mother cared deeply for him. He learned to see the enormous efforts she made to nurture him and to entertain him in her absence as proof of that love. He still struggles to separate eating from love.

Jill has learned that it was her relationship with her sister and brother, not the cupcakes and cookies, that helped her through some rough times. Today, she reaches out to them by phone when she feels the urge to binge.

**Some suggestions to help individuals who are using food in a maladaptive way include:**

- Become aware of your emotional triggers to eat. Understanding why you are eating can help you monitor if you are eating because you are hungry or if you are eating because of an emotional issue (e.g., sad, anxious).
- Find healthier options. Try to find healthier options to turn to when you feel that you need to eat, such as fruits or vegetables (lower in calories).
- Find alternative activities to cope with stress such as exercises, which stimulates the feel good chemical known as endorphins, which can improve your mood. This does not have to be as daunting as running on a treadmill. Just going for a short walk can promote the same benefits.
- Utilize a food journal to keep track of what you eat and when. This can help you identify times when you are more susceptible and what you eat to make yourself feel better.

- Talk to someone. Sometimes sharing your problems with someone else can have significant effects on your mood and can reduce any feelings of isolation.

Remember that the best predictor of what you are likely to do in the future is what you have done in the past. We are truly products of our history. If you have learned to comfort yourself primarily with food when you are depressed, you are likely to want to do that again and again. It is important to become aware of your patterns and to actively work on altering them. Don't let depression sabotage your weight loss efforts!

## REFERENCES

- <sup>1</sup> Czaja, J., Rief, W., & Hilbert, A. (2009). Emotion regulation and binge eating in children. *International Journal of Eating Disorders*, 42(4), 356-362.
- <sup>2</sup> Paxton, S. J. & Diggins, J. (1996). Avoidance coping, binge eating, and depression: An examination of the escape theory of binge eating. *International Journal of Eating Disorders*, 22(1), 83-87.
- <sup>3</sup> Magalhães, C. P., Lyra de Freitas, M. F., Nogueira, M. I., Farias Campina, R. C., Takase, L.F., Souza, L., Castro, R. M. (2010). Modulatory role of serotonin on feeding behavior. *Nutritional Neuroscience*, 13(6), 246-255.



**James A. R. Glynn, PsyD**, A postdoctoral psychology resident for Sakowitz Counselling, PA, who specializes in the treatment of WLS patients. He can be reached in New Jersey at 973-696-0800.

**Michael L. Sakowitz, PhD**, a Clinical Psychologist, specializes in the treatment of WLS patients. He can be reached in New Jersey at 973-696-0800 or in Arizona at 602-904-3448.

