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Emotional Eating: A Case Study

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Emotional eating is part of the eating disorder spectrum. It requires specific, scientifically-valid treatments that address its biological, psychological, social/cultural, and spiritual aspects. Remuda's Emotional Eating Program offers this package for those who eat emotionally, whether overweight or not. Patients participate in a Biblically-based program that promotes healthy eating and a balanced lifestyle. The program integrates portions of Dialectical Behavior Therapy (Linehan, 1993), cognitive-behavioral therapy, family therapy, body image therapy, nutrition counseling, and experiential modalities as appropriate, to address the skills needed to support ongoing recovery. Treatment is provided by a team of professionals, including Master's level therapists, primary and psychiatric care providers, registered dieticians, and 24-hour support staff.

Susan was a recent patient in Remuda's Emotional Eating Program. Susan experienced body dissatisfaction from a young age. She knew that she had an honest mix of her mother's larger bone structure and her father's tendency to hold weight around the middle. Struggling with her weight most of her life, she realized in her late 30s that she had tried practically every weight-loss method, owned seemingly every weight-loss book published, and yet ended up gaining more weight after each dieting attempt. She was angry at herself for being unable to control what she ate and her ongoing weight gain.

Susan was experiencing acid reflux, difficulty sleeping, constipation, and arthritis in her knees. Her physician diagnosed her with hypertension and elevated cholesterol, putting her at increased risk for stroke. She was also at high risk for developing Type II diabetes. Her physician had long encouraged her to lose weight. She entered Remuda's Emotional Eating Program because everything else she had tried had failed. Susan was anxious because she was used to weight loss programs, but the Remuda program was focused less on weight loss and more on the underlying issues that lead to a patient's current condition. Susan knew intellectually that she needed something new, something that could reach her emotionally and spiritually and help her heal the inner wounds that were continually driving her unhealthy eating behaviors. But emotionally, she was still quite focused on weight loss as her ultimate goal and the one thing that could bring her happiness.

At admission, Susan presented as sad and somewhat anxious. She was diagnosed with moderate depression and mild anxiety. She also related in an interpersonally guarded fashion. Her psychosocial assessment revealed an extensive history of increasing guilt and shame, evidenced by growing disgust for her body. With this combination of symptoms, Susan's psychiatric provider recommended that Susan begin taking Fluoxetine for depression.

Remuda's Emotional Eating patients have been anywhere from 10 to 185 pounds overweight. Susan was in the higher range. Her nutritional assessment revealed she weighed 237 lbs., 159% of her ideal body weight. Her Body Mass Index (BMI) was 39.4, at the top end of the obesity range. She reported her highest weight to be 243 lbs., which occurred just prior to treatment at Remuda. Susan often ate alone and in secret, feeling ashamed because she could not control her eating behaviors and because of the stigma that her family and society place on obesity. She used moderate amounts of caffeine, diet and reduced calorie products, and had attempted smoking cigarettes to control her weight. She occasionally used drastic weight control measures, but was unable to maintain the weight loss or the behaviors; she would soon lose control and binge eat once again.

Prior to coming to Remuda, she had not recognized the multitude of times each day and night that she ate without regard to sensations of hunger or fullness. Susan ate between meals, mostly sweet, salty, and high-carbohydrate foods. During group meals at Remuda she often denied her feelings of hunger, but would then hide food to be available for

later when she was alone. During a binge, or "uncontrollable eating" as she called it, she reported feeling "detached, zoned out, and out of control". Afterward, she reported feeling guilty, ashamed, and even more uncomfortable in her body.

With the help of her dietician and therapist, Susan began to recognize her pattern of regulating emotions, particularly her negative emotions, by zoning out through uncontrollable eating. As such, her therapist determined that it was critical to begin by teaching Susan distress tolerance skills on which to rely instead of her binge eating behaviors. In this process, Susan was helped to identify and consciously experience her emotions so that she could choose appropriate distress tolerance skills to manage them. She was delighted at the emotional depth this allowed her to feel, and the relief of having tools to lean on during emotionally difficult moments rather than food.

In therapy sessions, Susan and her therapist identified key issues that made it hard for her to deal openly and directly with her difficulties and thus apt to rely on emotional eating to do so. These issues included a history of superficial relationships, people-pleasing, feeling empty inside, and care-taking her family. Her actual eating disorder began when she was a teenager, with the social and academic pressures of high school, increasing body image awareness, and an instance of sexual abuse. She had no one to talk to about these concerns, and turned to food to numb her feelings and dissociate. The behavior continued since that time.

Susan was then assisted in identifying the typical, immediate triggers to her emotional eating behavior. She identified stress, aloneness, tiredness, and feeling overwhelmed, sad, or angry. In years past, she used alcohol to soothe these feelings, but now—not wishing to become an alcoholic—she used only food. To help her respond to her immediate emotional eating triggers more effectively, Susan's therapist met with her to establish basic distress tolerance and practicing presence skills. Through this process, Susan acknowledged that although her initial treatment goal was weight loss, these internal emotion regulation changes were necessary for her.

Susan's dietician instructed her to read the book, *Intuitive Eating* (Tribole & Resch, 1995), to learn to select foods based on her enjoyment of them rather than by their caloric content. The very notion frightened her. To assist, Susan kept food logs, chronicling the food groups she had eaten across three meals and three snacks each day, noting periods of exercise and movement, including her thoughts, feelings, and emotions. Her initial nutrition plan was aimed at normalizing and regulating her eating patterns throughout the day and utilizing appropriate serving sizes. Susan learned how to leave bites behind when full, to wait 20 minutes to register fullness, and to use intuitive eating principles. She began to recognize lapses—i.e., eating out of emotion rather than hunger—and redirected herself to use skills during these times rather than to catastrophize by seeing the lapse as a sign that she was a total failure and then shaming herself for being so. She learned to rely here on her faith, forgiving herself because God forgives her, recognizing that God has given her a lifetime to grow in a spiritual process, that God does not expect perfection of her today, and that God loves her very much as she is today.

Susan also met with her dietician to assess her level of physical fitness and activity. Together, they explored the physical activities she enjoyed in the past or might enjoy if she gave herself permission to try. Based upon the results of this assessment, and with some coaching, Susan began to exercise three times per week for 60 minutes with staff, learning about proper techniques, cardiovascular training, strength building, and most significantly for her, stretching exercises to develop greater flexibility. She quickly gained enough flexibility to put her shoes on comfortably—something she had been unable to do for several years. This improvement was very reinforcing for her. Once a week she also exercised with a group for 90 minutes to learn how to exercise with other people and to give herself permission to try new activities. Through this experience, she confronted her discomfort at exercising in public and appeared to overcome the associated anxiety. Finally, she began to exercise on her own once a week for 60 minutes, doing the activity she enjoyed the most—bicycling. Susan's regular independent exercise only became possible when she was not only helped to discover activities she enjoys but also to build those activities into a flexible, realistic exercise plan that she could engage in anywhere without the need to visit a gym.

Susan learned emotion regulation skills to help her "talk things out," rather than suppress her feelings or use sarcasm merely to suggest her emotions indirectly. She took opportunities to participate more in fun activities to decrease stress and shame

about her appearance. She was taught how to recognize small accomplishments, rather than just big ones. She learned to reframe her thoughts more positively, with less self-condemnation. She deepened her connection with God, learning to practice spiritual disciplines like meditation on God's word and time alone in prayer. She recognized how her negative emotions had been controlling her choices and relationships. Over the weeks, Susan realized that consistent eating, exercising, sleeping, and connection with others and God were critical for her continued recovery and daily happiness.

As treatment progressed, Susan began to focus on upcoming intensive family therapy sessions. The family therapy sessions appeared to go well. They increased her family's awareness and insight into Susan's struggles, enhancing their ability to understand and support Susan, and appeared to improve their communication skills. As such, Susan challenged herself by going home for a leave of absence, to practice her new skills in her real-life home environment with her family. She returned from this visit with a fresh awareness of the skills' usefulness and clarity about what she needed to continue working on prior to discharge.

Preparation for the transition to aftercare began early in treatment, focusing on developing the support system Susan would need to continue her recovery. In addition to an outpatient treatment team, Susan identified support groups and a church community in her local area, knowing from her experience at Remuda that connections with others helped her greatly to maintain her focus on recovery and honesty about her feelings and needs. Susan and her therapist identified together that during aftercare the initial issues she should consider addressing would be boundaries, self-care, honesty, and people-pleasing behaviors.

Susan admitted at 237 lbs. and discharged 42 days later at 230 lbs., averaging a loss of 1.1 pounds per week. She was discharged with a flexible 1800 calorie per day meal plan designed for very gradual weight loss, but with the understanding that weight loss was not the measure of success. She had taken a pivotal step: she was no longer measuring the rate or amount of weight loss, but drawing empowerment from understanding the dynamics that had kept her bound in a cycle of emotional eating most of her life and from the new ways of approaching her emotions that she believed would keep her free of this cycle in the years to come. This is a difficult step for anyone in our weight-obsessed society to take, but an essential one to protect oneself from the toxic influences of the thin-obsessed, yo-yo dieting culture that we live in. Even with the minimal weight loss that occurred during Susan's treatment, her blood pressure and cholesterol had decreased, sleep difficulties had improved, and knees were hurting less often. These positive physiological effects from relatively minimal weight loss further reinforced Susan's understanding that recovery was not measured in pounds but in health. Susan also recognized an improved quality of life, and no longer wanted her happiness to be dictated by a number on a scale that means little in terms of actual well-being. She understood that she could accept her body as it is and celebrate as it might change in relation to her more balanced lifestyle and enjoyment of food.

Susan thus left Remuda with a new sense of self, improved self-esteem, skills to manage relationships, improved emotional awareness, and hope for the future. She called these changes in knowledge and perception "a spiritual renewal and revelation of truth". She stated that she now knew that God's grace was not something that would come one day when she achieved a specific weight or degree of health, but that she was living in his grace today. She committed as she left for home to live in this awareness of God's unconditional love for her and the continued, gentle healing that would likely result from life approached in this holistic manner.

Susan had made much progress in six weeks of intensive residential treatment. For her, the treatment truly was intensive and life-changing. Her continued progress would require effort and ongoing outpatient treatment to sustain. Yet she left Remuda equipped with the essential tools to tackle her everyday world in a new, healthier, and more satisfying fashion. She had arrived not seeing a way out of her emotional eating cycles. She left aware of new options, skills, and opportunities for a better life. She had exited the endless cycle that often traps people in emotional eating for decades and lifetimes, and she went home with hope and optimism.

References

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