

# Surgical Weight Loss Educational Manual

# **Mental Health**

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## VIDEO: What is Mindful Eating?



**Nina Boulard, PhD**, clinical health psychologist, EMMC Behavioral Medicine and EMMC Surgical Weight Loss, discusses techniques to help you eat in a mindful way.

Learn some simple techniques to begin to modify your eating behavior and start to develop healthier habits.



The screenshot shows the Eastern Maine Medical Center website. The header includes the logo, a search bar, and navigation links: Care Centers & Services, Primary Care, Patients & Visitors, About EMMC, News and Events, For Medical Professionals, and Find a Provider. The main content area features a video player titled "VIDEO: WHAT IS MINDFUL EATING?" with a play button. Below the video is a caption: "Nina Boulard, PhD, Clinical Health Psychologist". To the right of the video player is a sidebar with "Contact Info" (EMMC Healthcare Mall, 905 Union Street, Suite 11, Bangor, ME 04401, 207-973-6383, Fax: 207-973-7364), a "Back to Surgical Weight Loss Home" link, and a list of "Surgical Weight Loss Pages" including BMI Calculator, Bariatric Surgery Center Network Accreditation, Surgical Weight Loss Quality Data, Video: Program Overview, and Video: What is Mindful Eating? (which is highlighted). Below this is a list of "Free Information Sessions" including Education Before Surgery and Support After Surgery.

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# Mind/body health: Obesity

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*Obesity is one of the nation's fastest-growing and most troubling health problems. Unless you act to address the emotions behind why you overeat, you could be facing long-term problems.*

Obesity is one of the nation's fastest-growing and most troubling health problems. If you have a very high body mass index (BMI)—that is, your weight is significantly more than what is generally considered healthy for your height—**you may be increasing the risk of many serious health conditions**, including hypertension, heart disease and stroke, Type 2 diabetes, gallbladder disease, chronic fatigue, asthma, sleep apnea, and some forms of cancer.

For women, obesity can lead to problems in the reproductive system. And studies show that severe cases of obesity can reduce your life expectancy, particularly if you are a young adult.

**The causes of obesity are rarely limited to genetic factors, prolonged overeating, or a sedentary lifestyle.**

What we do and don't do often results from how we think and feel. For example, feelings of sadness, anxiety, or stress often lead people to eat more than usual. Unless you act to address these emotions, however, these short-term coping strategies can lead to long-term problems.

## A mind-body interaction

Obesity is also **frequently accompanied by depression** and the two can trigger and influence each other.

Although women are slightly more at risk for having an unhealthy BMI than men, they are much more vulnerable to the obesity-depression cycle. In one study, obesity in women was associated with a 37% increase in major depression. There is also a strong relationship between women with a high BMI and more frequent thoughts of suicide.

Depression can both cause and result from stress, which, in turn, may cause you to change your eating and activity habits. Many people who have difficulty recovering from sudden or emotionally draining events (e.g., loss of a close friend or family member, relationship difficulties, losing a job, or facing a serious medical problem) unknowingly begin eating too much of the wrong foods or forgoing exercise. Before long, these become habits and difficult to change.

**Binge eating, a behavior associated with both obesity and other conditions such as anorexia nervosa, is also a symptom of depression.** A study of obese people with binge eating problems found that 51 percent also had a history of major depression. Additional research shows that obese women with binge-eating disorder who experienced teasing about their appearance later developed body dissatisfaction and depression.

## What you can do

Dealing with obesity and similar weight-control problems requires adopting new habits that foster a healthier lifestyle, but don't attempt radical changes to your diet or activity patterns. You risk not only compounding what is already a precarious health situation, but also overlooking the core attitude and emotional issues that caused obesity in the first place.

Instead, consider a team approach that involves several qualified health professionals. Your physician will help you develop a safe plan for losing weight that includes both diet and exercise. A psychologist can help you with the emotional side of the equation-the stress, depression, or experiences that caused you to gain weight.

**Here are some other things to consider in helping you or someone you know take action against obesity:**

- **Think about what you eat and why.** Track your eating habits by writing down everything you eat, including time of day and amount of food. Also record what was going through your mind at the time. Were you sad or upset with something? Or, had you just finished a stressful experience and felt the need for "comfort food?"
- **Cut down on portions while eating the same foods.** Along with making dieting feel less depriving, you'll soon find that the smaller portions are just as satisfying. This will also give you a platform to safely curb your appetite even more.
- Note that while treating obesity often helps decrease feelings of depression, **weight loss is never successful if you remain burdened by stress and other negative feelings.** You may have to work to resolve these issues first before beginning a weight-loss program.
- **Losing weight is always easier when you have the support of friends and family.** Try to enlist the entire household in eating a healthier diet. Many hospitals and schools also sponsor support groups made up of people who offer each other valuable encouragement and support. Research shows that people who participate in such groups lose more weight than going it alone.
- **Use the "buddy system."** Ask a friend or family member to be "on-call" for moral support when you're tempted to stray from your new lifestyle. Just be sure you're not competing with this person to lose weight.
- **Don't obsess over "bad days" when you can't help eating more.** This is often a problem for women who tend to be overly hard on themselves for losing discipline. Look at what thoughts or feelings caused you to eat more on a particular day, and how you can deal with them in ways other than binge eating. A psychologist can help you formulate an action plan for managing these uncomfortable feelings.

*The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Sara Weiss, Ph.D., and Nancy Molitor, Ph.D., in developing this fact sheet.*

## **What is Binge Eating Disorder?**

Binge Eating Disorder occurs in about 2% of the general population. It is much more common in the obese population. Some research estimates that about 30% of morbidly obese people actually have binge eating disorder.

Binge eating is not the same as the overeating that everyone does occasionally. A binge usually means the person feels out of control with food, cannot stop, and eats more rapidly than is normal. After the binge, the person feels disgusted and ashamed or guilty.

The disorder is more common in women than in men, and generally affects middle-aged adults.

The cause of binge eating disorder is not clear. Often the person has been depressed or anxious. There is some research that indicates dieting can lead to binge eating. Some people who binge-eat have a history of alcohol abuse, or grew up in homes where there was alcohol abuse.

People with binge eating disorder are at risk for medical problems including diabetes, high blood pressure, high cholesterol, gallbladder disease, heart disease and certain cancers. People who binge-eat are usually ashamed of the behavior and try to hide it rather than seek help. Family and friends may remark about how little the person seems to eat.

When the person attempts to lose weight, it is important to address the binge eating problem first. Cognitive –behavioral therapy can help the person recognize why she or he binges, and find new coping skills. Interpersonal therapy can help identify relationship problems that need to be resolved. Some medications have been shown to be effective in helping to control compulsive overeating and cravings.

People who make a commitment to therapy usually succeed in overcoming binge eating.

### **Other Forms of Disordered Eating**

Not all bad habits are eating disorders. Many people have developed eating habits that contribute to poor health and that cause obesity.

These include “Night Eating” where the person consumes most of his or her calories after 4:00 PM, and may even get up in the night and consume more calories.

Another form of disorder is “Binge-Restrict.” In this case the person strictly limits intake for a few days or weeks, and then eats whatever he or she wants without considering the nutrition or caloric value of the food. Weight fluctuates widely with weight gain over time.

If you believe you have one of these eating patterns, talk to your primary care provider and ask for help. These behaviors must change before you will be considered for bariatric surgery.

## **Depression and Weight Loss Surgery**

What have you heard about depression after weight loss surgery? You may have heard you will be at risk for depression. Or, you may have heard that your current depression will improve. Which is it? As with many medical questions, the answer is “It depends.”

To begin, persons with obesity could experience depression related to health problems, physical limitations, less social opportunities, and possibly being subjected to prejudice and discrimination. After surgery, some patients experience improvements in health conditions, need less medications, no longer need things like a CPAP, have increased energy, have increased recreational and social experiences, and describe improvements in relationships and vocational opportunities. With changes like these, a reduction in a prior depressive condition could occur and treatment may no longer be necessary.

However, some patients struggle with the many changes after surgery, including eating smaller amounts, being able to tolerate less variety of foods (which can improve over time), and feeling uncomfortable attending social events that revolve around food. Some friends, family, or coworkers may even be jealous, since they are not losing weight like you are. If these experiences occur, a person could develop a depressive episode.

Since we cannot know for sure which of these you will experience, it is important to consider your styles of coping. If food was a coping mechanism for you, it will be necessary to develop new coping strategies. If that doesn't happen, you might experience an increase in stress, develop unpleasant emotions, try using other problematic coping strategies (like alcohol), or return to problematic eating and regain weight.

Do you know your coping style? If you are upset, what do you do? Do you talk to someone, engage in vigorous activity (like exercise), eat, drink, or try to not think about it. Some people have a remarkable ability to let go of things that bother them, but for most people, trying to not think about it is not successful.

If you notice symptoms of depression (like feeling sad or blue, crying, sleep changes, lacking energy or motivation, loss of interest in previously enjoyed activities) after surgery, and are not successful coping on your own, seek help. Psychotherapy is an option that can help with thoughts and feelings related to the life changes that can occur after weight loss surgery. An experienced counselor is part of the Surgical Weight Loss Program or a referral to an experienced counselor in your local area may be an option.

Medications are also an option, so be sure to tell your primary care provider how you are feeling. Be aware that some antidepressant medications can promote weight gain. If you notice you are re-gaining weight after surgery, switching to a different medication may help. There are similar medications that can cause weight gain, others that are unlikely to do so, and even some that may promote weight loss. When discussing this with your doctor, be sure to discuss the effectiveness of your medication. Switching medication may help with the weight, but the new medication may not treat your depression as well.

To conclude, if you are experiencing something that is problematic after surgery, chances are many others have experienced it too. The way to get help is to let someone know what is happening. Tell your doctor, contact a professional in the Surgical Weight Loss Program, or ask at one of the support groups. There usually are answers, but first we need to hear the questions.

*By Dr. Bryan Fritzler*

## BODY IMAGE AND WEIGHT

### **Definitions**

Body Image is the way you see and experience your body. Body image includes appearance, posture, athletic ability and physical shape, size, and condition. Body dissatisfaction is learned, often because of criticism by others, and can be changed through new learning.

Self-esteem is based on your liking for yourself as a person. A person with high self-esteem is satisfied with his or her interpersonal skills, character, personality and capabilities. A person with low self-esteem is dissatisfied with some or all of his or her personal characteristics.

Body Image and Self-Esteem are interrelated as each affects the other. A person who is dissatisfied with his or her body will have lower self-esteem than the people who accept their bodies. A person who is dissatisfied with him or herself as a person will often have a poor body image, even though others may think them very attractive.

### **Overcoming Negative Body Image and Body Dissatisfaction**

#### Self-Acceptance - Changing the self-talk

Listen to the inner conversations you have with yourself daily. Every one has a “stream of consciousness” thought pattern that goes on almost all day long. Many people are unaware of this stream of thoughts. The first step is to become aware and begin recording some of the things you say to yourself. People with low self-esteem or poor body image often speak to themselves in very critical, demeaning ways. Decide right now that you will learn to stop speaking to yourself in this way.

Rather than be your own worst enemy, you will become your own best friend. Example: Old self-talk: “Look what you’ve done! You stupid pig. You’re no good for anything. You’ll never succeed at this.” This may sound extreme. You may be thinking, “No one talks to herself that way!” But if you really listen to some of the things you say to yourself after a slip, you probably sound very much like this.

The New Self-Talk: “Hey! You ate more than your plan allowed, and that made you sick. We need to come up with a way to stop that from happening. Let’s brainstorm some ideas.”

The old way is self-defeating and leads to discouragement and self-fulfilling prophecy of failure. The old way leads to “Why even bother? I know I won’t succeed.” The new way leads to success by learning from mistakes and mastering the task of impulse control and self discipline. It leads to an “I can do it!” attitude.



### Self-Acceptance - Catching up on missed developmental stages

All human beings develop into maturity over time, but time alone doesn't produce maturity. We need experience and we need guidance. If events in your past prevented you from accomplishing certain childhood developmental tasks, then you will need to learn and master those tasks as an adult. It is very similar to the person who reaches adulthood but cannot read. He must buckle down and learn now if he is ever going to succeed.

Many of you did not get the experiences needed for managing intimate relationships. If you skipped this lesson, no matter the reason, you will need to learn it now. All the fears of adolescence will be there full force - fears of rejection, fears of self-embarrassment for not knowing how to do things, fears of commitment. Just as teens must grapple with these fears so must you. You will no longer be able to hide behind your weight as you may have before surgery. Accept that this is where you are developmentally. Don't hate yourself for it, just get out there and learn. Seek guidance from others who have successful relationships or take lessons, but do not isolate. The goal is to re-enter the mainstream of society and no longer see yourself as a social "freak" or "loser."

### Self-acceptance - Genetic make-up and build

People come in all shapes, sizes, colors, and builds, not to mention ages. Accepting one's natural tendencies for shape, size and build goes a long way toward correcting poor body image. Exercising according to one's ability and health also goes a long way to improve physical conditioning and body satisfaction. A body is a home for the soul and a means of transportation and data input. It is not intended or designed to be a source of social status.

Yet our culture continues to promote body dissatisfaction because billions of dollars are spent trying to improve our looks, our smell, our overall appearance, even to the point of cosmetic surgery of minor flaws. The more dissatisfied people are, the more they are willing to spend looking for a way to feel okay about themselves. Madison Avenue wants you to be dissatisfied with yourself!

If you can do these three things, (1) change your self talk to be a genuine friend, (2) learn the life lessons you missed out on, and (3) accept your genetic body build, you will be much further along on the road to successful weight maintenance.

It is dissatisfaction with the self and frustration in human relationships that is most likely to lead you back into the isolation of obesity. When you are happy with who you are and willing to invest in other people, you will be much more likely to stay on the path of health. Instead of living to eat (because you have no life, or are afraid of life, or hate your life), you will eat to live (because you will be living your life)!