

Helping Obese Clients Reduce Denial About Emotional Eating Habits

By

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Psychologists and other mental health professionals are typically used to offering suggestions to people about their life problems and possible solutions. How easy it may look to the uninitiated: “Just figure out what the person is doing wrong and tell them to do something different.” As most if not all of us learned early in our careers things just aren’t that simple. Why does it so often seem that people are innately programmed to resist changes for the good, especially when it comes to obesity? Why do people so often struggle with eating healthfully and relying on food for nutrition instead of comfort and pleasure? Furthermore, why are obvious solutions so easily and persistently ignored?

Most mental health professionals who work with people having co-occurring problems, such as mental health issues intertwined with obesity and the use of food for comfort, quickly realize that something is more at play here. It is obvious that food use is out of control and excessive, but surface discussions with clients may lead you to think otherwise. “Who me?” is the common reaction when food use is questioned, even in the morbidly obese. Thus, it shouldn’t take long to identify denial as the primary defense mechanism for most obese clients.

It should be obvious to people gaining weight that their clothes are getting tighter and dress sizes are growing. It is obvious to others anyway, like the clothing industry and its need to expand sizes and extra large inventories. Why do we defend ourselves against obvious facts about our weight (as well as other things)? Why do we have defense mechanisms any way? What is so dangerous about changing, i.e., what are we trying to protect ourselves from? All of these questions are in need of consideration when working with people who are obese and/or eat for emotional reasons.

In the past when I evaluated patients preparing for gastric bypass surgery I used the MMPI-2 along with a standardized interview process. Typically MMPI-2 scores revealed high L scales and Conversion-V patterns (elevations on scales 1 and 3 and a relatively lower score on scale 2). Both findings indicated denial and relatively high degrees of it. So, just to be sure I had sufficient data to base recommendations and with respect to the findings on the testing, I would ask patients to keep a journal to help me understand what, if anything, they were in denial about and could it compromise their abilities to make changes post surgery? I once had a patient disclose drinking “buckets” of sugar pop daily, which he hadn’t disclosed till journaling. It was hard for him to stop consuming it. Other types of significant life problems are often uncovered, be they of historical relevance or current day issues. The initial journals, basic and simplified as they were, e.g., what are the things in your life that cause stress and how do you cope with them, were given as homework assignments along with keeping a food and liquids consumption journal (I learned a lesson after soda man...you never know what’s being denied till you get more data and spend time with the person.) Suffice it to say

there's lots of denial being used by obese patients. Nothing is meant as judgmental about it though, denial and obesity just seem to go together like other clinical conditions having co-occurring elements. To be prudent and thorough in helping obese clients and emotional eaters, the issue of denial must be addressed and decreased. Substitute behaviors must be learned. More importantly, emotional and interpersonal problems must be resolved better to help free people from the health problems associated with obesity.

What are some common interventions and tools for decreasing denial with obese clients? The first stated earlier is journaling. In review, keeping a written record of food and liquids consumed is a common tool in weight loss programs. Raising awareness is thought to increase the chances of change, typically. But this is not usually the case for lasting change, especially when emotional eating is the problem. It has been my experience that structured journaling is helpful but not often sufficient for people seeking lasting control over long-established eating habits. That is also why the second type of journal is required. Obese clients must also start attending to the stressors in their lives and related needs. The resistance to emotional awareness and avoidance of interpersonal problems becomes evident the first time a client returns with his or her journal. Even after detailed instruction about identifying stressors and related needs, the stress and needs journal is typically only partially completed if at all. Very superficial entries are the norm, at first anyway.

It doesn't take long to see the denial related to this particular homework task. If clients don't do as asked and as agreed to at the end of a therapy session, the clinician must not "deny" what has transpired. (Denial can be contagious.) So the fun begins uncovering why the resistance to internal and interpersonal issues is avoided. That is, if the client is willing to hang in there and continue with treatment. Decisions to abruptly stop treatment, as uncovering of psychological problems occurs, is a high risk. Pacing is critical, so as not to overwhelm clients with either authority issues or too much emotional uncovering. This is where calibrated questions and ongoing assessment is a key. The clinician should not respond heavy handedly to resistance, i.e., denial, for it is a much stronger force than one may realize. Denial has survival value. Instead of calling it a "defense mechanism" it might be better termed a "survival mechanism." But what is actually being "survived." What is the intrinsic value in denial?

One way to consider the value of denial is in regards to homeostasis. People are organisms that must maintain balance and order in their universe and daily lives. Our minds are powerful tools. Children, who can't stop abusive parents from imposing harm to them, typically learn to deny their needs and related feelings early on. Parents too may model denial as a coping mechanism as they sometimes teach kids to ignore their feelings. Similarly, children may be taught that others' feelings and needs are more important and, thus, adopt denial as an unforeseen accompaniment to manage the stress in their lives. If you need to ignore your feelings for any variety of reasons and are taught to serve others at your own expense, then denial becomes an agent of achieving this task. Growing up this way requires a person to minimize their feelings and needs. Denial is the tool of choice.

I was left with a lot of concern working with obese emotional eaters, after seeing how journaling was necessary but still quite limited in ability to overcome the challenges of denial. Again, written journals encompassing food and liquids consumed and delineating stressors experienced and related unmet needs only seemed to scratch the surface of a life time of using denial as a survival tool. I sought to develop another aid to help in the process. What follows is a description of an experimental approach I have started using recently and a little of its history. This approach has had a surprising effect on lessening denial and enhances the depth at which people attend to the deeper emotional issues of their lives related to emotional eating and obesity.

I was asked to do a talk at church last Thanksgiving on problems people have with food. Not looking forward to doing so, i.e., it seemed like such a negative role, to be asked to spoil the joy of a fun Holiday; I set out to make it fun. So, I wrote a poem based on all my reflections and synergy of learning working with eating disorder clients over the years. The poem was titled Lollipops, Chocolate, Donuts, or Cake? After reading the poem in church I was curious about some people's reactions to it. It seemed to grip several people in an obvious way; some were obviously entertained by the poem, while others were emotionally moved. Thereafter, a few positive comments along with my intrigue about why some people reacted as they did resulted in the decision to turn the poem into a short book. To further enhance its entertainment value, I asked our two teenage artists to create the drawings for the book. This gave the book a child-like appeal which seemed to enhance its message. 5 months later I started using the book with clients who were working on emotional eating/obesity concerns. The results were, and still are, quite surprising. After all my efforts to be direct in my professional discussions with clients and patient in their development of journaling skills, this little book seemed to have a more substantial effect. The book has been able to achieve something my words alone could not instigate with obese clients: more deeply concealed and vital material within clients lives started to present themselves more readily in therapy. For some it was more obvious, e.g., when issues about childhood abuse and other offenses were starting to be talked about, in only a session or two after reading the book. I also saw people grow in awareness about hidden sources of emotional pain and needs, furthering my ability to help them. Why was this? What does this teach regarding addressing habits of denial in obese emotional eaters?

First, a child-like format seemed to help, as did humor, along with pinpoint accuracy about the cognitive and emotional dynamics of obesity and other eating disorders. Most everyone who reads the book either smiles, laughs, or comments, "That's exactly right." The book allows people to assume a non-defensive mental state, and perhaps it taps into early learning and experiences from childhood where the skill of denial was honed. The book ends in the goal of learning to get personal needs met through people and not food. Clients sometimes want to minimize this. But when I ask them how the book ends, gradually our discussion is more able to help them identify better solutions to their use of food for comfort: "Love must come from people and it is something you must pursue." Thereafter, we continue our work understanding and removing obstacles intrinsic to having healthier relationships. The overarching goal becomes that of finding comfort from people in

contrast to food. People are advised to read the book nightly before journaling and to read the book if, as often happens, they can't do the journaling for one reason or another.

In conclusion, using childlike imagery, humor, visual stimuli in the form of artwork or written materials that help pinpoint "the problem" can be useful in lessening denial. The book *Lollipops, Chocolate, Donuts, or Cake?* helps readers start to identify and admit to the type and degree of problems they are using food to manage. Some of their problems may have origins in childhood. It is similarly useful to help clients figure out how and why they learned to be so good at denial. Unfortunately, some have had their use of denial forced upon them through adverse experiences; no wonder they persist at using it. Also, therapy becomes a less defensive inducing process when creative and entertaining treatments are applied. Thus, when direct approaches to reducing denial are limited in results, consider getting creative and using interventions such as this book. Similar alternative approaches can help unlock the negative effects of chronic denial for obese clients, and support them in finding more prudent solutions to their problems.