

Stress, Self-Control and Emotional Eating  
Webcast  
December 11, 2007  
Howard Farkas, Ph.D.

Please remember the opinions expressed on Patient Power are not necessarily the views of Northwestern Memorial Hospital, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.

## **Introduction**

### **Andrew:**

Hello. This is Andrew Schorr. Welcome again to another edition of Patient Power on [healthnet.nmh.org](http://healthnet.nmh.org) brought to you by Northwestern Memorial Hospital. And each time we get together we talk about another significant health condition. I'm always blown away by the expertise of folks who work with Northwestern, and we get into things that I think are not discussed enough. Today, particularly at the holiday time, we're going to talk about stress, self-control and emotional eating.

So, imagine, here we are at the holidays, and you're invited to maybe parties in the neighborhood, where you work, with your friends and relatives, maybe more than one in the same day, and so the things we do unfortunately as an American population too much of every day, not eating right, certainly not helping our heart, leading to an epidemic of diabetes, all sorts of problems, sort of get amped up often at the holidays.

Well, we can talk about how do you lose weight, you know, what choices do you make, but we're going to dig deeper today with a clinical psychologist who has really made a study over a period of many years of emotional eating. And we're going to get at why do we reach for the food? Why do we reach for the food again? Why do we reach for the chocolate cake or the choices we make, not just because it tastes good to us, but what is it about what's going on in our lives that maybe it's propelled us to an addiction and overindulgence with food. Fascinating discussion.

Let me tell you who our guest is. It's Howard Farkas. He is a Ph.D. and a clinical psychologist on the medical staff at Northwestern Memorial and at Chicago Behavioral Health. He's also an instructor of psychiatry and behavioral sciences at Northwestern University's Feinberg School of Medicine, and he's a consultant to the Northwestern Memorial division of cardiology and of course you can think of the crossover with heart problems.

Dr. Farkas, thanks so much for being with us on Patient Power.

### **Dr. Farkas:**

Thanks for inviting me, Andrew.

## **What is Emotional Eating?**

### **Andrew:**

So, Dr. Farkas, so we could talk about diets forever. We could talk about, you know, having more fruits and vegetables versus sweets forever, and we've done that a lot on Patient Power, but with you and it sounds like the focus of your practice is really helping people with emotional eating, helping them when they have difficulty maintaining consistency with their motivation and follow through in their efforts at behavioral change.

So first of all, what's emotional eating? Where is the emotional component of all of this?

### **Dr. Farkas:**

Well, you're absolutely right. The problem is not about knowledge. People tell me all the time that they know exactly what they need to do. They can talk to dietitians, they can read books, and they know what they're supposed to be eating. The problem is they're feeling that they're unable to do what they know they're supposed to be doing. And it's the people themselves that tell me that it's related to emotions because they can tell. They can say, people come in and tell me, I'm an emotional eater. It's not my diagnosis. So then the question is what do you mean by emotional eating and what's causing it

### **Andrew:**

Okay. So tell us. I mean, is it just that they have stresses at home and work and food is everywhere and even maybe not the best foods are everywhere or they crave in the middle of the night or they just have a favorite fast food restaurant they go to and that gives them comfort? What is it?

### **Dr. Farkas:**

You know, there's kind of a mystery, and this is how I got into this to begin with. People tell me all the time that when they feel like their under the influence of this emotional eating they feel compelled to overeat. But then when I ask them what their experience is like they tell me, they describe experiences that are not at all pleasant. They might be initially attracted to the, you know, the sensory qualities of the food. The food tastes good. It's satisfying. It looks about good. It might have good associations.

But when I ask them what it's like for them once they start eating beyond what they feel they need to satisfy the desire for the sensory part enjoyment of it, the description is very negative. They feel guilty. They feel a sense of loss of control. They feel really self-loathing, like why am I doing this again? What's wrong with me? And then once they go beyond that then they just feel physically uncomfortable. And you have to wonder, I mean, people don't repeat experiences, they don't repeat behaviors that have such negative consequences. So you really

have to wonder what is it that not only allows people to repeat this behavior, you'd think that it would just stop as soon as they experience it once or twice, but it makes them feel compelled to repeat it? There's something else going on besides the simple enjoyment of the food.

And that was my initial question, and I was puzzling over that for a long time until I was talking to this one patient. And this is somebody who's a very, very high achiever. Very, you know, very much of a go-getter, hard working, plus she had a family. The typical, I mean, the kind of person who just wants to do it all, and in large part she is able to do it all. She is extremely successful in being able to achieve all those goals. She attends her kids sports events and she travels around the world for her business. But the one area of her life that she feels she has no control over in spite of her success in all these other areas is around eating. In the beginning she was making great progress in the same way that she is able to be successful in all these other areas, but then something happened with work that put her under a tremendous amount of stress, more than usual.

And what she told me was really telling and it really got me to think about this whole process. She said, I'm tired of having to put up with any more self-sacrifice and self-restriction. I need a break, and I just could not continue the kind of eating patterns that was allowing me to lose weight. And something just went off in my head when she said that. It just sounded like I needed a vacation. It's like the equivalent of just going to a spa for a little bit and indulge. And it wasn't about the food, it was about the need to indulge.

So that was really the beginning of my thinking about this. And when I thought about it in the context of what was going on in her life it occurred to me that the need for indulgence, for the self-indulgence, for the rejection of self-discipline and control was a way of balancing out her need--or her experience rather of self-discipline and self-control in other areas of her life.

## **Maintaining Balance**

### **Andrew:**

So here you talk about this particular patient. Busy job, family pressures and she's trying to do it right and meeting everybody's needs. And it has to be certain times, certain place, certain form, do what's right, do what's appropriate. So if she's in the eating environment then is it just like, Well, hell, I'm just going to take all the brakes off. I'm going to eat whatever I want whenever I have the opportunity because I don't want that discipline. Here's an area where I just can go for it.

### **Dr. Farkas:**

That's exactly it. And what that does is it restores balance. Let's back up a minute and just think about how people who don't have this same kind of experience maintain balance. The idea is that the need for this balance between self-discipline,

self-restraint versus self-indulgence, or just more simply the balance between holding back and letting go, I see that as a universal need. Now, most people are able to maintain that balance with those two sides, the holding back and the letting go, right near the middle. So that, sure, everybody has a certain amount of stress. Everybody has to exercise some self-discipline. I mean, we have to get up in the morning and go to work. When we're driving to work we have to stay within the speed limit more or less. There are all kinds of self-restrictions that are imposed on us and that we accept.

And the compensation for accepting those limits is the fact that we can indulge ourselves every once in a while. Well, first of all, we can come home and relax in the evening. Watch some TV. Read a book. You get the weekends off. You get some vacation time during the year. So there's a moderate amount of self-discipline and restraint that we have to accept, but there's also a reasonable degree of self-indulgence that we allow ourselves. And as long as we keep those two things balanced towards the middle that seesaw, there's no terrible consequences in terms of behavior.

The problem is what happens if that side of the balance that on the slides is depicted as the red cylinder, if that side of the balance starts moving towards the extreme end of the scale? Well, what happens to the scale? It gets out of balance. And the way that people tend to restore balance is by shifting the self-indulgence side, the letting go side, to the other end of the scale.

**Andrew:**

Let me just jump in for a minute. So one thing that of course millions of people go for then to greater or lesser degree would be eating, and we're talking about emotional eating.

**Dr. Farkas:**

Right.

**Andrew:**

Another could be drinking.

**Dr. Farkas:**

Exactly.

**Andrew:**

Another in some cases could be drug use.

**Dr. Farkas:**

Right.

**Andrew:**

And also excessive gambling, right?

**Dr. Farkas:**

Exactly.

**Andrew:**

Or it could even be sexual addiction. But food is everywhere in our society, and unfortunately a lot of fast food and quick choices or even not just food but are not giving us the nutrition we need, and then in excess there are complications from that.

Now, along the way I wanted to ask you, Dr. Farkas, I know you meet with some people who are considering or scheduled for surgery when they're morbidly obese, 80, 100 pounds or more, and when their life is threatened by the complications of that.

**Dr. Farkas:**

Right.

**Behavioral Factors**

**Andrew:**

So there are often real medical reasons why their needs to be an intervention. But you get to talk to these people and how they got to that point. What are some of those stories? How do you get to be 150 pounds overweight? Was it this emotional need?

**Dr. Farkas:**

Well, you know, that's often, very often a part of it. But I'm not trying to suggest that all obesity and all weight problems are strictly the result of emotional eating. I certainly think that that's a big factor, but there are also all kinds of biological factors, genetic, metabolic, that contribute to weight, to weight gain. And studies show this constantly repeatedly that biological factors are very strong in obesity.

Here's the difference: We don't have control over the biological factors. We do have control over the behavioral factors. And we can talk about all kinds of reasons for the weight gain, but when it comes down to it when people are interested in doing something about it they have to focus on the one thing that they can control, which is their behavior. And when they're having difficulty controlling the behavior, that's when they need to try to figure out what it is that's causing the difficulty. What are the obstacles to their ability to make changes?

**Andrew:**

Dr. Farkas, this is a good time for our question we received via e-mail. And often I know these behaviors are not just in a vacuum, just you, but it may be as part of a relationship. So here's a question that we got from Carrie in St. Louis, Missouri and maybe it speaks to some of these points.

She says, "My mother has been trying to get me to lose weight all of my life by criticizing and hassling me about what I eat. Now that I'm older I find that every time I try to stop bingeing I wind up sabotaging myself because I just don't want to give my mother the satisfaction of giving her what she wants. I really need help with this because I want to learn to feel more in control of my eating just for myself. What do you recommend?"

So let's talk about that mother-daughter situation first, and then how does that person come to grips with it and get help?

**Dr. Farkas:**

Well, that's a great example, Andrew, because this is something that she herself recognizes what these internal controls are based on, what the source of those internal controls are. And to her she sees it as an internal fight between herself and her mother. But what she needs to be able to recognize is that her mother is no longer in control. She's sort of taken over the control that she had experienced earlier in life and internalized it, so it's really all within herself. And the degree to which she can understand that and begin to let go of some of those internal demands, then she's in a much better position to allow herself to not feel the need to rebel against them.

**Andrew:**

Now, does she need to see a counselor like you to get help with this? How do you know what you should do yourself what you need help with?

**Dr. Farkas:**

She obviously recognizes that this is something that she is really having a hard time dealing with herself. The good news is that she seems to be somebody who has a lot of insight. She's coming up with a very nice formulation over there that any psychologist would be proud of. So I think that somebody who has that kind of insight and can understand what that process is of holding onto these self-statements to a point where they're way beyond being necessary, useful or functional can get in the way of being able to live a healthy life. And if she can do that with counseling and with some guidance she can, I think she can get beyond that position that she finds herself stuck in.

**Andrew:**

Okay. Well, that's a great answer for Carrie.

We're going to take a break. When we come back we have more questions that have been e-mailed in for Dr. Howard Farkas. And Dr. Farkas, this is what he specializes in, emotional eating and helping people understand the roots of it and get past it. As you said, Dr. Farkas, it's not everybody, but I'm sure it's a lot. I'm going to probably disclose along the way some of the reasons I feel I need to treat myself. And some people do it, small things, you know, they get somebody at Starbucks or whatever, but when it gets out of control and how can we reel it back in.

We're visiting with Dr. Howard Farkas who is a clinical psychologist and he's on the medical staff of Northwestern Memorial Hospital. He's also a consultant to the division of cardiology there. Stay tuned for much more Patient Power on HealthNet brought to you by Northwestern Memorial Hospital.

**Andrew:**

Welcome back to Patient Power on healthnet@nmh.org. I'm Andrew Schorr. We do this every two weeks. Please look at the replays of our many programs with experts from Northwestern Memorial on a wide variety of important topics, and what I'm impressed with time and time again is the level of expertise. And it's not what you hear at any clinic. It's people who really eat, drink and sleep these health concerns and help us get healthier, get us the care we need.

Well, when it comes to emotional eating, and it's emotions that may be propelling this overindulgence in food all too often, an expert at Northwestern is Howard Farkas who is a clinical psychologist, and he's on the medical staff at Northwestern and also Chicago Behavioral Health.

So we've been talking about the ways we try to balance out pressures, the stresses, the conflicts in our life. That's on one side of the seesaw. As the stresses are bigger those issues are bigger, so that's out on one end of the seesaw. You have to have some behavior, or at least we do this, not always healthy for ourselves, to try to balance it out. Now, I know I go to the gym. That's my stress reduction, and I don't feel right if I don't do that. And I guess as long as I don't do it too much that's okay. Some other people might do also go play with the kids or take a walk or do other sorts of things that may be right for them. But unfortunately there are people in America, all too many maybe, who use food as a way to give them comfort, not for nutrition but to try to calm their emotions.

And does it have diminishing returns, Dr. Farkas? In other words, you do it and it maybe seems right the first time but we just keep repeating it even though deep down we know it's not right for us?

**Dr. Farkas:**

Absolutely. And one of the things that you picked up on as I was explaining this is that it's not just about the food. Food happens to be the, I guess, most convenient

type of indulgence because everyone has to eat. We always have food around us. And it's not illegal. It's not too expensive to have food. It's something that it's just a very easy thing to indulge in. And I'm sure it's also connected to a lot of emotional factors, memories of having good food, comfort food and things like that.

But you're really very correct in pointing out that there's all kinds of behaviors, very often unhealthy behaviors, that people can use such as drinking, drugs, sexual addictions. Gambling is one that you mentioned which is also very true. The one that, after food, that I find to be most frequent is shopping. And I think a lot of people can relate to that. In fact, a lot of people who have problems with emotional eating also have problems with emotional shopping where they buy things, and in spite of the fact that they may not be able to afford it but run up debt in order to purchase things that they don't even need. But it's the process of the indulgence that's so compelling to them.

**Andrew:**

Is this like somebody who has 50 or a hundred pairs of shoes in their closet?

**Dr. Farkas:**

Exactly. Exactly. Nobody needs that kind of footwear, but it's something that at the time they don't look into their closet to see what they need. They just look into their emotional state to see what they need.

**Andrew:**

But somebody might say, Well, okay, that's my problem, but you know what, it's not hurting anybody. Take the shopping thing. And they might say it, even though I know you're going to say it's different, with eating. But it's not hurting anybody. It's me. It's my choice.

**Dr. Farkas:**

That's exactly what they do. And in fact a lot of the people who have the problem we talked before about the kind of holding back, self-restraint that I was hypothesizing is the thing that the food is balancing out. Well, for many of those people, they happen to be people pleasers. They are people who cannot say no to other people if somebody asks them to do a favor or to volunteer or whatever it might be. So these are people who are very focused on other people's welfare, but they put themselves last on their to-do list if they're on their own to-do list at all.

And when it comes to eating I think what they're thinking, their thought process is that, Well, at least I'm taking care of all of people who are relying on me or who want me to take care of them. I'll give myself a pass. I can give myself permission to do something that I know may not be healthy but I need it.

## **Why Diets Don't Work**

### **Andrew:**

Well, let's talk about this in sort common practice. So at some point that person may say, and I'm sure you have many patients who will tell you, they've tried a diet or two or ten or 20 maybe spent a lot of money, and then they gain the weight back. What is your opinion of most diet plans and why they don't work? Is it the emotional power of why these people go for food in the first place?

### **Dr. Farkas:**

Okay. Well, this is where we need to look back at the balance scale. When we were talking about it before we were talking about how the stress pushes the holding back side of the scale to the end, which brings the scale out of balance. And in order to restore balance people slide the self-indulgent, the letting go side all the way to the other end. So now the scale is back in balance, which by the way is an answer to the question of why is this so compelling in spite of the fact that it can be very uncomfortable and a very unpleasant experience overall. And the reason why it's so compelling is because people have a need to restore that balance. It's not tolerable to go through life with that feeling of imbalance and even if it's at the expense of moderation. So they're not moderate about the degree of stress they're experiencing, and they're also not moderate in the degree of self-indulgence that they're indulging in.

### **Andrew:**

Okay. Let me just help people visualize this whether you can look at our slides that we have linked or not. So everybody's got stress or pressures in their life, demands in their life. So as that gets further out of balance and the seesaw is otherwise going to tip.

### **Dr. Farkas:**

Exactly.

### **Andrew:**

we are choosing to do something like move the weight on the right side further and further out. We all want to be in balance. So you might work hard, but then you feel you have to play hard. Play hard might mean eating and drinking and partying because you're under a lot of stress at work or at home or both. So you feel you want to get back to equilibrium. It usually is not just sitting reading a book for most people. It's usually some more aggressive behavior that gives them that satisfaction even though it may be harmful.

So again, Howard, so people say, Okay, I'm going to try these diets, but they don't work invariably. So is that again, as I asked, is that because they didn't get at the root of what was putting them out of balance?

**Dr. Farkas:**

Well, yeah. I know it sounded like I was sort of going the long way around to answer your question, but it's important to understand where they're at in that scale, in the balance before my explanation of why diets fail can make sense.

So if now we're at the point where the two sides are balanced out at the extremes, now try to imagine what will happen if you just try to change one side of the scale. If you try to push the self-indulgence side back to the middle which is, after all, what a diet does. People can do it and up to a point in spite of the fact that they're out of balance. They're getting so much positive feedback from the fact that they're losing weight. People are commenting on their appearance. They're feeling better. It tends to be very reinforcing, just the weight loss itself.

But as long as they are ignoring the other side of the scale there is only so long that they can tolerate that imbalance. And at some point once they hit the inevitable weight loss plateau, and they're not losing weight at the rate that they had been before, and they're not getting the compliments that they were getting before, and they're sort of getting accustomed to the fact that they feel well, that the imbalance becomes less and less tolerable because there's nothing else that they're getting to compensate for it.

And at that point or some point in there is where the diet fails. Because you also have to remember that the diet itself is adding to the restraint side of the scale because that's what they've been doing. They've been turning down desserts for the last couple of months and every time they do that they're adding more and more to that restraint side. So at some point it reaches literally a tipping point where they can no longer tolerate it, and they're compelled to give up that diet in order to bring balance back to the scale.

**Andrew:**

Wow. Well, I wanted to pose another e-mail question to you, Dr. Farkas. This comes in from Sarah in Joliet, Illinois, and this really speaks to some trigger for people feeling tremendous stress and then following with overindulgence and eating to try to get the scale back in homeostasis I think you call it.

**Dr. Farkas:**

Right.

**Triggers to Overindulging**

**Andrew:**

So Sarah writes, "My mother died two months ago and I'm totally out of control with my eating. I'm bingeing all the time and can't seem to stop. Can you suggest something?"

**Dr. Farkas:**

Right. sadly, this is the kind of thing that I see a lot where somebody goes through a loss, and it's not because they're stressed at work or they're pushing themselves too hard or too much demands but they're experiencing a loss that creates a feeling of emptiness in their life. Obviously Sarah had a very close relationship with her mother, and not having her around creates a void that for her is an experience of self-restraint. She has to basically deny the need that was being filled by her mother, simply because her mother is not here to fill that need. And that self-denial, I think, may have a similar kind of effect that at some point you try to fill the void with something else. And in her case it's food. And that could restore the balance. It could be a way of bringing the balance back between the self-denial, which is at one end of the scale, by increasing the self-indulgence at the other end of the scale.

**Andrew:**

So what can we suggest for her? She's trying to get through the loss. It's tough. You know, I saw a woman up at the coffee shop just a few minutes ago. I hadn't seen her for a long time. She is in her 40s. Her husband died of a serious cancer, cancer is always serious but died of one where he did not live long, so he had a terrible demise. And I said, How are you doing. And she just said it's been really tough. Now, she has not been overeating as best I could tell, but, you know, it's that kind of loss. She feels alone. She's struggling as a single mom. How can you take your loss or whatever this trigger is and try to sublimate that, I guess, into a positive behavior rather than reaching for the food?

**Dr. Farkas:**

Right. That's what grief counseling is all about. For somebody who's gone through this kind of experience, the focus I think should not necessarily be on the behavior. That's sort of secondary to what's really going on right now, which is being able to cope with the loss. And I would imagine in addition to the behaviors there's probably a lot of grief, depression, loss of interest in things that she usually cares about that is much more of a disruption in her life than the overeating.

Obviously the overeating is a problem but I think if she deals with the causes of it by perhaps going to counseling and helping her get through the grief and get through the loss, plus, time does also help, my assumption is then that the behaviors would moderate, unless there might be something else going on.

**Andrew:**

So it's all about us making choices. So first, it sounds like, understanding consciously what's propelling us. Then we say, okay, here are harmful overindulgences. Overeating, certainly can be one. Do you want to have a heart attack? Do you want to have diabetes? Where did you want to go with this? Do

you want to need some kind of major surgery to help you live longer? So you could project that out, but first you have to get this awareness of what is it if it's emotional that's propelling you to do this, right?

**Dr. Farkas:**

That's exactly it. The self-restraint, holding back, is the cause. The letting go is the effect. You can't change the effect without first changing cause, and that's the thing that I think diets miss and most approaches to weight loss really overlook. It's that they focus on the effect, on the behavior and don't take into account what is causing the behavior. And you can make short-term changes, but over the long term the behavior is not going to change.

And the goal of overcoming emotional eating and losing weight is not to be able to lose 10 or 20 pounds in the next couple of months even if that goes back on again. The goal is to be able to make permanent, long-lasting lifestyle changes over the next 30, 40 years. And it's not as easy to do it this way but I think it's the only way to do it in a way that is really long-lasting.

**Andrew:**

Good point. Now, we mentioned earlier, Dr. Farkas, you're a consultant as a clinical psychologist to the cardiology department at Northwestern Memorial, and when you talk to cardiologists they see this huge title wave coming of more and more people, younger people for sure, needing heavy-duty interventions for their heart, epidemic of diabetes. Now, as you said, you can't say that everybody is overeating or not exercising because of emotional causes, but it certainly is a lot of people.

So they're advocating for people to make smarter choices as early as they can in their life because we're talking about these illnesses that then happen ten, 20, 30 years out, and then you're in a critical stage. So, as you say, it's not about a quick turnaround. It's about choices for the healthier life.

**Dr. Farkas:**

Exactly.

**Self Control**

**Andrew:**

All right. So when you look at that then, let's take it down to the micro level here. Here's a question that we got from Jeri in Chicago. And she says, "I'm a sweetoholic. How can I develop willpower? I'm a grandma. Am I too old a dog to learn new tricks?" Because she's just worried about sugar, sugar, sugar. She craves it.

**Dr. Farkas:**

Well, first of all, I really believe it's never too late to make changes in this area. As long as somebody has the capacity to recognize what's going on and has the motivation to make changes, age does not matter.

The second thing is she says, How do I find the willpower? A lot of people ask me or they say that they've lost their capacity for self-control, and what I tell them is that they haven't lost their capacity for self-control they're just looking for it in the wrong place. And in they can find the sources of the difficulties that they're having with their behavior they can rediscover that self-control that they thought is lost.

So when she's talking about having a problem with certain types of foods, for her it happens to be that emotionally she sees those foods as off limits. See, if you see a food or any behavior as being perfectly okay then it doesn't satisfy your need to break the rules. Because the whole point of letting go means that you have to let go of something. And, you know, if you've got an apple in front of you and there's nothing wrong with eating an apple in your mind, then there's no opportunity there, really, to let go. But if you have something that you associate with being, in quotes, "bad" for you, you know, it's forbidden fruit. And it's only that, it's only the forbidden fruits that allow you to feel the sense of, Oh, what the heck, I'm just going to go for it.

So, for her, she associates candy, sweets, with the off limits, the behavior that's off limits. So she gets the satisfaction of letting go by having sweets. But for somebody else it could be savory foods, and for another person it could be, you know, it could be baked goods. And for somebody else it doesn't even have to be food at all. It could be, like you were saying, gambling or any other behavior, or shopping for that matter. So just like it's not about the particular behavior it's also not about the particular food. It's just whatever it is that we associate as a way of breaking the rules that we set for ourselves.

**Andrew:**

Okay. Now, I want to dial back just a little bit for a minute, and that is many of us have gotten in the habit, and companies like Starbucks love it, where we go to that coffee shop every day.

**Dr. Farkas:**

Right.

**Andrew:**

And I think the idea behind it is we're giving ourselves a treat. We deserve it. So where is the line between that and taking it so far that it's harmful, that it's, you know, we're giving ourselves more than a treat. It becomes indulging in a forbidden fruit, if you will, and we can watch ourselves go downhill, put on ten, 20, 50, 100 pounds because of it.

**Dr. Farkas:**

Right. Well, you remember in the beginning we were talking about having moderate indulgences to offset a moderate degree of stress or restraint that we experience in life, and so that's true for any kind of behavior as much as it is for food. You can just as well ask where do you draw the line between taking a one-week vacation versus taking off a six-month vacation. At some point obviously it becomes excessive. In some countries four weeks is the standard. Here it's more like two weeks.

So in the same way having a Starbucks every day and really being able to enjoy the indulgence and experiencing it as something that gives you pleasure is not only okay it's necessary because there's enough things going on in all of our lives that make us feel that we have to restrain ourselves. And that's perfectly good compensation. At some point, and I don't think there's an objective way to draw the line but I think certainly people know it when they see it, it gets to be excessive. And it's when behavior gets to be excessive that's when they need to start looking at what the causes are so they can dial back on the stress.

**Andrew:**

Okay. We're going to continue our discussion with Dr. Howard Farkas from Northwestern, a clinical psychologist who's done a lot of studying of emotional eating. We'll be posing him some more questions we've received by e-mail as we continue this edition of Patient Power sponsored by Northwestern Memorial Hospital. We'll be right back.

**Fluctuating Weight Loss**

**Andrew:**

Welcome back to Patient Power. It's recorded webcast today too, so don't call in right away but we received very many e-mail questions, and we welcome your questions that you submit to us on [healthtalk.nmh.org](http://healthtalk.nmh.org) website, the Northwestern Memorial Hospital website. We're doing programs every two weeks. There's a whole schedule of programs coming up, and all the transcripts and audio from the ones we've done in the past with almost all cases renowned experts and always experts. So take a look. We've covered topics that are sure to affect you or someone you care about.

Today we're discussing stress, self-control and emotional eating, and with us is Dr. Howard Farkas who is a clinical psychologist. He's on the medical staff of Northwestern Memorial and Chicago Behavioral Health.

So, Dr. Farkas, here's an e-mail question we got in from Julie. She's actually sent this in from Marietta, Georgia, wants your expertise. And it speaks to what we were discussing with people losing weight and feeling good but then the weight

comes back on. She says, "I eat really healthy most of the time but still struggle with up and down weight loss. I've noticed that when I begin receiving compliments I feel great about myself, but then the weight starts to come back on. Why is that?"

So if I understood what you said in our last segment it's that the positive benefit you were feeling sort of mitigates somehow and that whatever the emotional thing was that may have led to your need for food kind of takes hold again. Is that right?

**Dr. Farkas:**

That's exactly right. That's the way I look at it. In the beginning the positive reinforcement that you get for losing weight is pretty powerful and as long as you're getting that, whether it comes from the outside or it comes from yourself, it can go a long way towards putting off the need to balance out whatever else has been causing the emotional eating. So that's one possibility.

The other possibility is that factors in her life that might be affecting the other side of the scale could be coming and going at various times. So it could be, and these aren't mutually exclusive, these could both be going on--that when she's able to lose weight things are--things have been pretty calm in her life. It's like the person that I was telling you at the beginning of the show that we were talking about who first gave me the idea in what she was saying about this balance model, that when she was--things were pretty much under control she was able to do the things that were necessary for her to lose weight. But then things got a lot more stressful for her, and she just said not one more restriction. I've had enough. So that could be part of it also. A part of what accounts for the ups and downs.

**Cravings**

**Andrew:**

Here's a question we got from Allison in Santa Fe, New Mexico. "I'm currently trying to lose weight. I've been doing well. I ride my back three to four times a week for four miles." That's good. "And I've been eating a lot less. The only thing I can't get past" and this is my problem too, "is chocolate. Every night I say to myself, Okay, this is the last night of sweets. The next day I'm good until nighttime when I crave it. I just can't fight the urge. It's like my body is addicted to it, like I was smoking cigarettes. It's hard. I've even tried just eating a small portion just to fix my craving, but the first taste of it, I want more. How do I fix this?" Also she says, "It gets worse when I'm stressed out or worried."

And just as a parenthetical I'll say I felt this when I had one chocolate, I can remember this as a teenager, and then before I know it I've eaten the whole box.

**Dr. Farkas:**

Right. Well, I certainly wouldn't advocate eating the whole box, but if I understood the letter correctly she was saying that her weight currently is at an acceptable level? She's working out?

**Andrew:**

Yeah, I think she is working out, but she's worried about, she's troubled because she can't fight the urge for chocolate. Now, whether she has to work out more and more and more to give herself that pleasure, and I don't even know that it's that pleasurable for her as she eats more and more, but she does it anyway.

**Dr. Farkas:**

My question is if she's at a healthy weight or even a near healthy weight and she's working out and she's eating right my question is why in the world would anybody want to give up chocolate? Chocolate is a great food. And my advice to her is that rather than worry about having chocolate she should focus her energy on enjoying the chocolate that she has. If she can really savor the chocolate that she's eating instead of feeling guilty about it while she's eating it, she's much more likely to eat less of it. You don't need a lot to really get the full pleasure and enjoyment out of chocolate, or any other food, for that matter.

In fact, I'll include a slide that I often show my patients which I call, it's the diminishing marginal utility of chocolate kisses. And the point of that slide is that with the first piece of chocolate your pleasure goes up from zero to let's say a seven or an eight on the pleasure scale. The second piece of chocolate might nudge that pleasure up another point or two. The third piece of chocolate, you know, it may be good just to prolong the pleasurable experience but it doesn't really add to it. So you've sort of hit a plateau there in terms of pleasure. Now, if you stop over there after the third piece of chocolate you've consumed probably about 75 calories worth. Nothing to feel guilty about, nothing to worry about in terms of affecting your calorie budget for the day or the week, and you get all this pleasure out of it.

The problem is if you're feeling guilty about it and you sort of shut off your experience, you shut off your mind to the experience of pleasure from this chocolate, then you're not going to enjoy the first couple of them and you'll have another one and another one, and as you continue beyond that third one or maybe the fourth one the guilt kicks. And in addition to the guilt, at some point the physical discomfort is kicks in. So by the time you've had seven or eight of those pieces of chocolate you've pretty much wiped out whatever pleasure you've gotten out of the first two or three, and you end up with a net gain of zero pleasure but lots of calories.

**Andrew:**

Yeah, may feel sick. Yeah. So let's get specific here. So we've talked about, first of all, that in many cases the overeating is emotional eating, and it's trying to compensate for some stresses, pressures in your life that are way out on one scale and you start eating more and more and more, not for nutrition but to try to put things in balance. So the first step is get that awareness, and that may take a lot of work. So where are we then and how do you change it and then retain that change?

**Restoring Health Balance**

**Dr. Farkas:**

Okay. There are three basic aspects to restoring a healthy balance. The first has to do with changing the stress side, the restraint side of the equation, and there are two aspects to that. There are basically two types of demands that can be changed. One has to do with external demands, and the second is the internal demands. External demands have to do with just the amount of work that a person takes on. And that's something that to a large degree is under their own control but to some degree is probably outside of their control, and finding ways to reduce the actual external load, the external demand of stress on them will go a long way towards helping them bring that end of the scale closer towards the middle. Things like, you know, just organization, delegating responsibility, learning to say no, being able to assert yourself, all of those things can reduce the amount of external demands and ease the overall stress and restraint that a person is experiencing.

The second side of that equation is the internal demands, and the internal demands are I think the most difficult part to deal with, and that's what I feel 75, 80 percent of psychotherapy is really all about. It's really helping people understand the kinds of stress they put themselves under and the kind of demands they put on themselves. Striving for perfection is classic among them. But there are many things that people tell themselves, and these things affect how they perceive what's going on in the world around them. And that perception makes all the difference in terms of how they react, whether they feel stressed by it or not. So changing that perception has a tremendous impact on changing the stress that person experiences.

**Andrew:**

Yeah. I think you told me, the other day we were talking and you were talking about somebody who to the outsider was living the perfect life, looked great, had money, perfect kids, everything, but that she was under tremendous stress trying to look like that and was really living a lie.

**Dr. Farkas:**

Well, that's the thing. The fact is, though, that she's not living the lie at all. She is exactly the person who people perceive her to be, namely the bright, successful,

attractive person who everybody likes and, you know, loves to be around. She is the only one who does not see herself that way, but she knows that people perceive her that way. So she feels this constant effort to try to maintain the perception that she feels people have of her which in her opinion is an incorrect perception. And there's no objective reason for her to feel the need to do that except for her own perception. So changing that perception of herself, that she's an impostor who's trying to con everybody into believing that she's this terrific person, is really the thing that's causing her all that stress, and by changing that perception she can reduce of stress without changing anything else. But that's much more easily said than done. That requires a lot of work.

**Andrew:**

All right. So let's just understand some of that works, some you may do with a clinical psychologist such as yourself who specializes in it, and that is so we talked about awareness, we talked about whether it's external or internal stress.

**Dr. Farkas:**

Right.

**Stress as a Factor**

**Andrew:**

And we're suggesting that one effort to balance it may in many people be emotional eating, but whether it's that or something else you're trying to bring things back to order. So what do you do then? We're aware of it. It may becoming internally generated, what's next?

**Dr. Farkas:**

Okay. Well, that's dealing with the stress side of the equation, the demand side of the equation, the part that's causing the behavioral reaction. And by doing those two things that we talked about, reducing the external and the internal demands, you're sliding that load closer to the middle, which allows you to then make the changes on the other side and to slide that closer to the middle as well so that you can maintain balance but now those two sides are balanced at a much more moderate level closer to that center point, which is where ultimately we want it to be. But there's only so far that you can move that by reducing the stress side of the scale.

So then the question is how can I change the unhealthy behaviors, whether it's food or anything else, and still maintain balance? And the answer is that since it's not just about the food and it's not just about unhealthy behaviors there are ways that we can feel like we're indulging, sinfully indulging but without really doing any harm to ourselves. You know, just to pamper yourself, go to a spa, get a massage.

It will feel indulgent. It will feel like, you might have the feeling like, Oh, I really shouldn't do this for myself or, you know, it's spending a lot of money on myself, but go ahead and do it, and that can satisfy some of that need on the indulgence side without being unhealthy.

Like I was saying before really savoring the chocolate so that you can enjoy one piece or two pieces of chocolate and really get the full satisfaction from it is another way of increasing the experience of indulgence without doing it in an unhealthy way. Some people like you are lucky enough to feel that sense of satisfaction by going to the gym because then you kill two birds with one stone.

**Andrew:**

I know. And of course for people who do it a lot then there is that of course biochemical thing with endorphins, I guess, that actually give you sort of a rush, make you feel good. I recommend it to people if they can do it not in the extreme. So it sounds like then on the indulgence side you're trying to dial it back, have it be in moderation and maybe shift it in some cases to activities that are more healthy I guess.

**Dr. Farkas:**

Exactly. And healthy activities includes enjoying food. And one of the most important things is that people need to stop criminalizing certain foods like chocolate or ice cream or cake or things that they see as absolutely off the menu, that they just don't feel they deserve it unless they get down to a normal weight, which may be unrealistic. In the meantime they're depriving themselves of something that they would really enjoy and that deprivation in itself adds more weight to the other side of the scale, to the stress side of the scale, to the self-restraint side.

So by decriminalizing these foods, instead of them being forbidden fruit they're perfectly permissible fruit, and people can enjoy it and savor it and not feel that they need to increase the quantity of it in order to get satisfaction from it, but they can increase the quality of their experience of it and increase satisfaction that way.

**Andrew:**

Well, it makes perfect sense to me and I know when we spoke the first time a few days ago as we prepared for this, you know, I knew weight loss programs for the most part for most people were not lasting, successful and lasting, and it was like an ah-ha when you think that for many people, whether it's eating or something else, what's propelling that. And if you think about I guess what you describe is our natural need to be in balance, if things are way off in the demand side, the pressures either we're putting on ourselves or coming externally, then how do we compensate for that. Do we do it in a healthy way or in this case, when it comes to food, do we do it in a way that in the extreme is unhealthy. Certainly needs to be addressed more.

And then, as you said, you gave us some guidance on when we need to seek outside help, and I'm a big fan of that. It's a heavy load. You don't want to add more stress to yourself just trying with the weight of the world to try to make changes yourself. Sometimes it's hard and it takes time.

**Dr. Farkas:**  
Right.

**Andrew:**  
Dr. Howard Farkas, thank you so much for being with us on Patient Power. I just want to tell people how to connect with you. Of course you are on the medical staff of Northwestern Memorial and you're also at Chicago Behavioral Health. Do you have a website for Chicago Behavioral Health?

**Dr. Farkas:**  
Yes. It's [www.chicagobehavioralhealth.com](http://www.chicagobehavioralhealth.com).

**Andrew:**  
Okay. That's easy.

**Dr. Farkas:**  
And all the contact information is there.

**Andrew:**  
Okay. Dr. Howard Farkas, clinical psychologist and specializing helping people deal with emotional eating with how to change that behavior and turn your life into more balance and more healthy behavior. Thank you so much for being with us, sir.

**Dr. Farkas:**  
Thank you for having me, Andrew. I appreciate it

**Andrew:**  
Just coincidentally, folks, our next program that we'll be doing with Northwestern is also with a clinical psychologist, Dr. Mark Reinecke, and it's on teens and depression, and certainly that's an issue too. Sometimes it can result in emotional eating. So we'll be discussing that. That's coming up in two weeks, but all our replays are there for you on [healthnet.nmh.org](http://healthnet.nmh.org). I invite you to take a look, tell friends and family because there's so much important information that's there.

As always knowledge can be the best medicine of all. Have a great holiday season. Eat wisely, healthy activities and hopefully you'll lower your stress.

I'm Andrew Schorr for Northwestern Memorial Hospital. Have a great evening. Bye-bye.



Please remember the opinions expressed on Patient Power are not necessarily the views of Northwestern Memorial Hospital, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.