

# Feature of the emotional sphere in overweight people

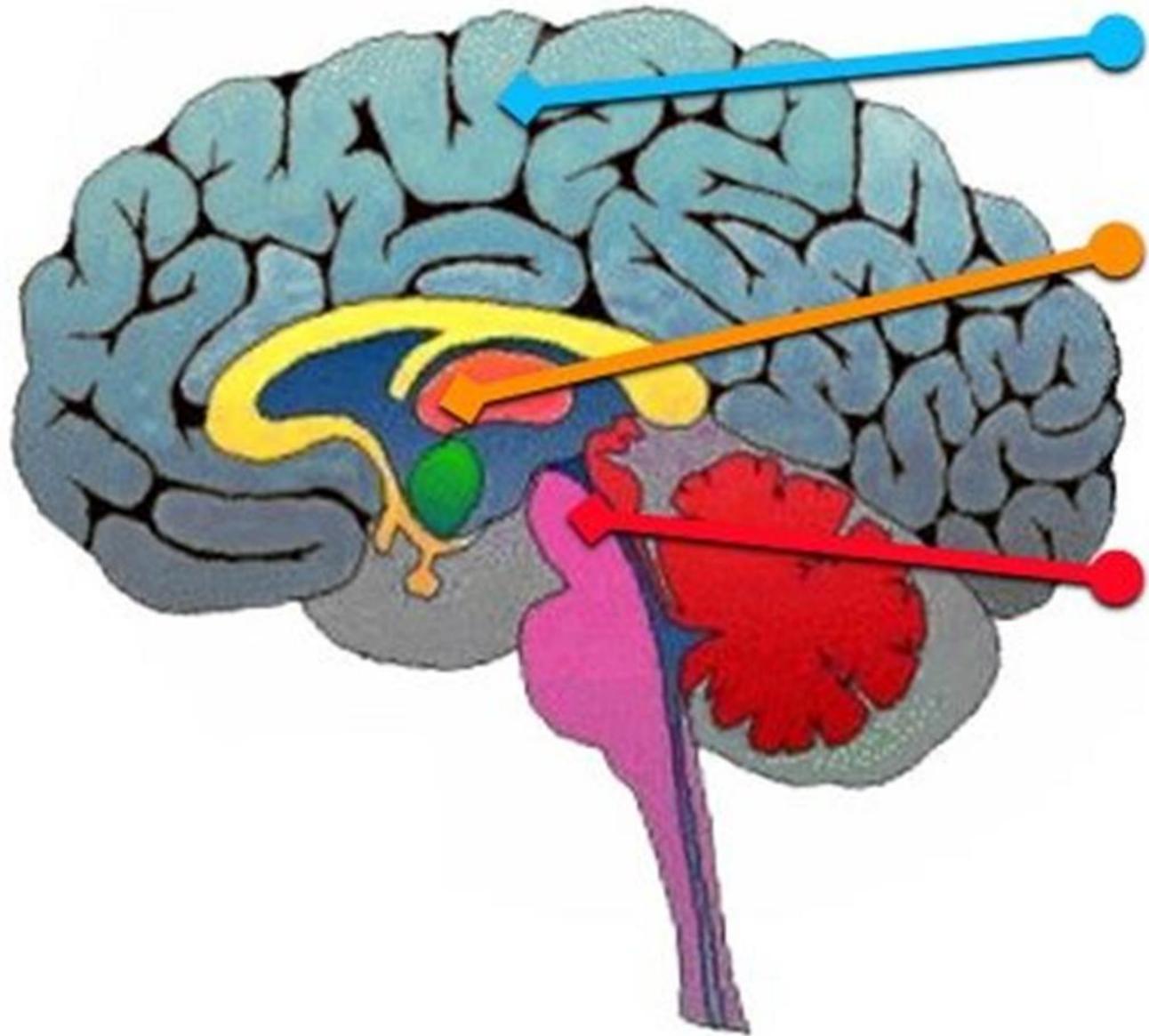
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# The role of emotions in human life

- The emotional sphere as a basis for the ability to love (N. Peseschkian)
- Emotions determine the quality of our lives (Paul Ekman)
- Emotions are for human safety (D. Goulman)
- form the primary motivational system of a person (K. Izard)

# Emotions as the core of a person's motivational sphere

- Emotions play a primary role in the development of all forms of activity: from memory, perception and to the development of physical skills.
- Overeating in most cases is due to the dissatisfaction of the emotional needs of the individual (K. Izard)
- Formation of addiction on the example of the interaction "joy - cognitive process": the physical or imagined presence of an object causes a person joy or excitement, while the absence or possibility of the absence of this object in the future causes a strong negative emotion.
- Based on this, food addiction can form in a similar way.



**Neocortex:**

Rational or Thinking Brain

**Limbic Brain:**

Emotional or Feeling Brain

**Reptilian Brain:**

Instinctual or Dinosaur Brain

# Emotional traits that are common in people with overeating:

- Inability to cope with emotions of sadness or anger or inability to identify emotions (alexithymia);
- Unstable or low self-esteem;
- low self-acceptance is just as common as body image distortions;
- High impulsivity;
- Low control of affects;
- Tendency to anxiety and low mood;
- Depression;
- Self-anger, self-criticism;
- Feelings of guilt and shame

# Bulimia nervosa, diagnostic criteria (DSM-5)

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

# Binge eating disorder (BED) diagnostic criteria (DSM-5)

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
- Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
- A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three (or more) of the following:
- Eating much more rapidly than normal.
- Eating until feeling uncomfortably full.
- Eating large amounts of food when not feeling physically hungry.
- Eating alone because of feeling embarrassed by how much one is eating.
- Feeling disgusted with oneself, depressed, or very guilty afterward.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors (e.g., purging) as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

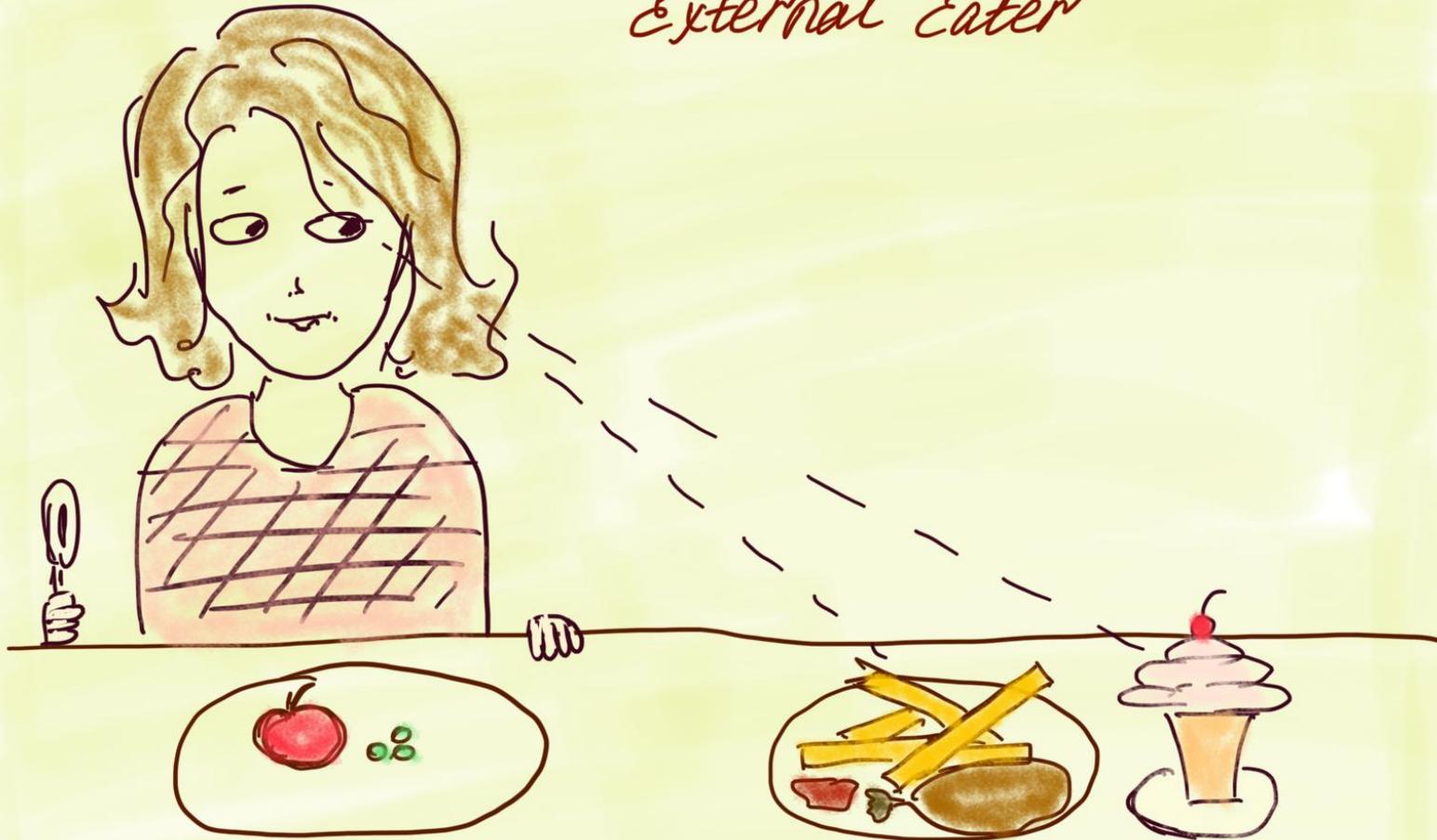
# The Dutch Eating Behavior Questionnaire (DEBQ) :

The Dutch Eating Behavior Questionnaire (DEBQ) was developed to measure eating styles that may contribute to or attenuate the development of overweight. It comprises three scales that measure emotional, external and restrained eating.

Three types of eating behaviors:

- External eating behavior
- Emotional eating behavior
- Restrictive eating behavior

## *External Eater*



External eating behavior is an increased reaction not to hunger, but to external stimuli: the sight and smell of food, advertising, etc.

The onset of satiety can be delayed in time and feel like a mechanical overflow of the stomach.



Emotional eating behavior – the cause of excessive food intake is emotional discomfort (anxiety, irritability, bad mood, feeling of loneliness).

Restrictive  
eating behavior



Restrictive eating behavior, manifests itself in excessive food self-restraint and in haphazard to o strict diets.

# Food as a source of satisfaction of basic needs:

- There is an inadequate link between the affective sphere and food for people with eating disorders.
- In these cases, food often becomes the only source of positive emotions. Feeling the need for love, care, pleasure, a person tries to compensate for the satisfaction of these needs with food.

# Food as an emotional stress regulator

- Emotiogenic eating behavior (emotional overeating) is typical for 60% of obese people.
- Such as behavior as a reaction to stress, there is very often.
- The emotional eater uses food to regulate his emotional state.
- **Inability to cope with emotions is a characteristic feature of emotiogenic behavior**
- Some studies have found:
  - - direct correlation between external eating style and impulsivity and feedback with control of desires.
  - -direct correlation between the emotional style of eating and impulsivity, socially attributed to perfectionism, guilt and anxiety, and feedback with the factor of self-sufficiency (Sidorov, 2012)

# Main directions of psychotherapy eating disorders

- - Psychodynamic direction (Positive psychotherapy)
- - Cognitive - behavioral therapy
- - Body-oriented therapy
- - Art therapy

# Thank you for attention!

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