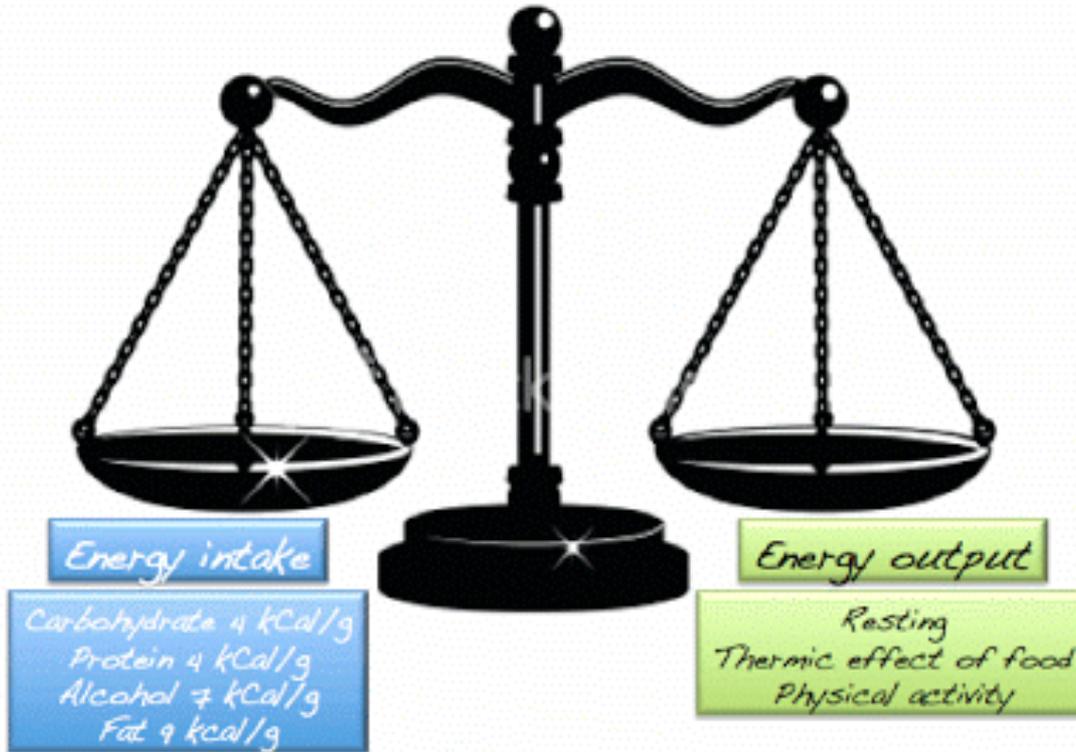


# Is guilt and forgiveness a concern in obesity?

**Dr Deborah Lycett**

**Reader in Nutrition/Dietetics & Spiritual Health**



Eat less  
and  
exercise more



**Why might forgiving and letting go of the past be important for weight control?**

## Adverse childhood events can relate to...

- Trauma: Death, divorce, leaving home, separation, abortion, rejection, neglect, verbal, physical or sexual abuse, teasing, bullying, natural disaster
- Home environment: Stress, tension, conflict, illness, unhappiness, controlling, high expectations, role of food.
- Poor attachment (relationship between child and main caregiver): lack of validation/appreciation/understanding, suppression of feelings, criticism, lack of attention

## ACEs and obesity

- High quality meta-analysis of cross sectional studies (Danese & Tan, 2014)
- 36% increased risk associated with obesity throughout the life course (odds ratio=1.36; 95% confidence interval=1.26–1.47).
  - 41 studies (190 285 participants)
  - Adjusted for confounding (SES, lifestyle)
  - Investigated publication bias
  - Potential of reverse causality considered - no association in child and adolescent cross sectional studies

- Hypothesis of pathway
  - Epigenetics (impact of stressor on thrifty gene)
  - Stress-related food-reward dependence might emerge because of the effect of cortisol, leptin, endocannabinoids on dopamine transmission.
  - Cortisol inhibits lipolysis
- Evidence of mediation (Systematic review by Midei & Matthews, 2011)
  - Limited number of studies
  - Negative affect, anger, perceived stress, depressive symptoms,
  - Partially mediated relationships between interpersonal violence in childhood and obesity.

## ACEs and obesity

- Prospective study – response to weight loss surgery (Lodhia et al, 2014)
  - N=223
  - Patients with a high ACE score ( $\geq 6$ ) vs. patients low ACE scores
  - 6-months higher postoperative BMI (36.9 vs. 33.4 kg/m<sup>2</sup>, p=0.03)
  - 12-months higher postoperative BMI (34.5 vs. 30.5 kg/m<sup>2</sup>, p=0.07).

# Could forgiveness therapy reduce these mediating factors?

- Meta-analysis of 12 RCTs (Akhtar and Barlow, 2018)
- Sexual abuse, abortions, marital hurts, civil conflict, and a range of other hurtful interpersonal experiences
  - Less depression (SMD =  $-0.37$ , 95% CI [ $-0.68$ ,  $-0.07$ ]),
  - Less anger and hostility (SMD =  $-0.49$ , 95% CI [ $-0.77$ ,  $-0.22$ ]),
  - Less stress and distress (SMD =  $-0.66$ , 95% CI [ $-0.91$ ,  $-0.41$ ])
  - Less negative affect (SMD =  $-0.29$ , 95% CI [ $-0.52$ ,  $-0.06$ ]).

Forgiveness in the present

# Interpersonal environmental hurts and obesity

- A multilevel qualitative analysis of those living with obesity (Rand et al, 2017)
- Theme 1  
Blame and shame by family members and friends because of their weight (subtle and blatant comments, but not perceived as deliberately trying to be hurtful)

“And when you don’t get the result, you start looking for blame. So, you blame yourself. So, it’s that cycle of blame. And then you have your family who are saying, “Well, what are you doing? What are you doing wrong then? You are not losing any weight. You’re gaining. What is going on?”

- Theme 2

Condemnation and lack of support from healthcare professionals.

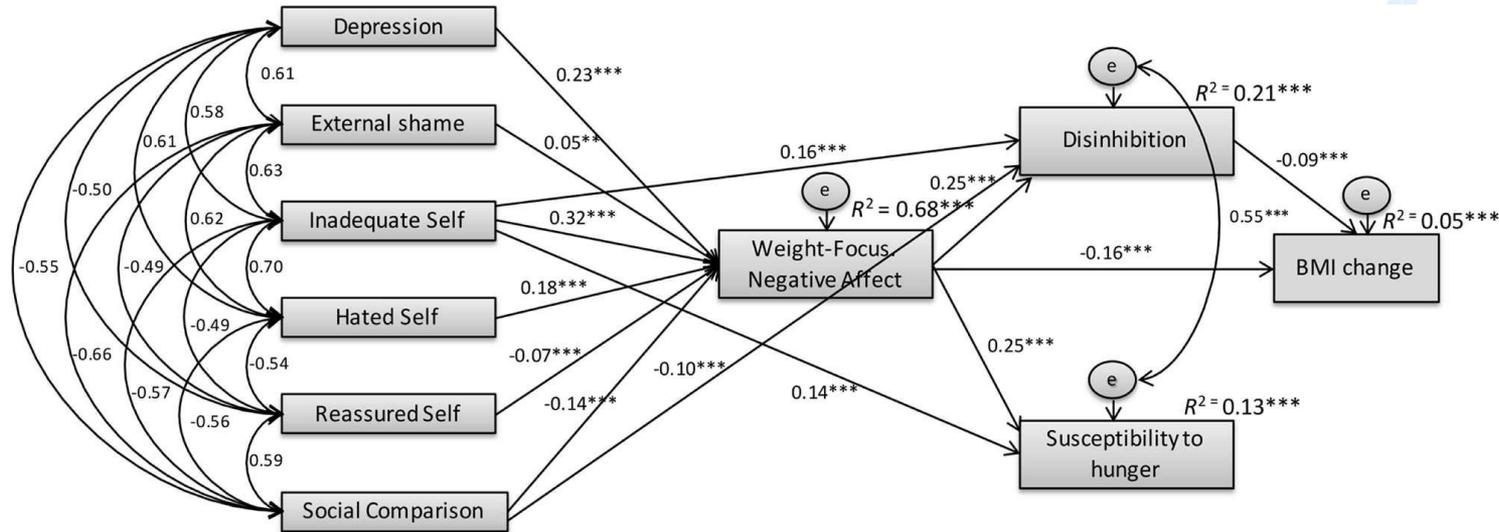
“...I find actually when I come back from the doctor I eat more because of the depression and I feel bad about myself. If I’m stressed out I do one of two things, I either don’t eat anything for days or I binge and I eat friggin everything.”

## Obesity stigma as a globalizing health challenge (Brewis 2018)

“Given what has been learned from prior mistakes that have slowed or scuttled anti-obesity efforts to date, we have the opportunity to ensure that, as anti-obesity efforts globalize, such campaigns do not promulgate further new overt, damaging forms of shaming and discrimination related to being obese—in exactly the forms that ultimately can undermine public health effort”

## Is there a need for forgiveness of self?

- Online survey 2,236 participants of a commercial weight management programme
- Shame, self-hated, low self-efficacy fully mediated by weight-related negative affect,
- This in turn impacted hunger, impulsive eating and BMI



Taste & See

## Taste & See feasibility study (Patel et al, 2017)

- Holistic 10 week programme of fact and faith
- Nutritional science and behavioural medicine
- Developing evidence around religion and mental health
- Interweaved with Christian Spirituality – opportunity to consider help of the divine.

# Can dietary rules be unhelpful?

Exploring spiritual needs that can only be met by God

Christian principles of freedom...

Less emotional eating

Unconditional permission to eat

**Give up eat more**

**Dietary Restriction**

**Guilt Shame**

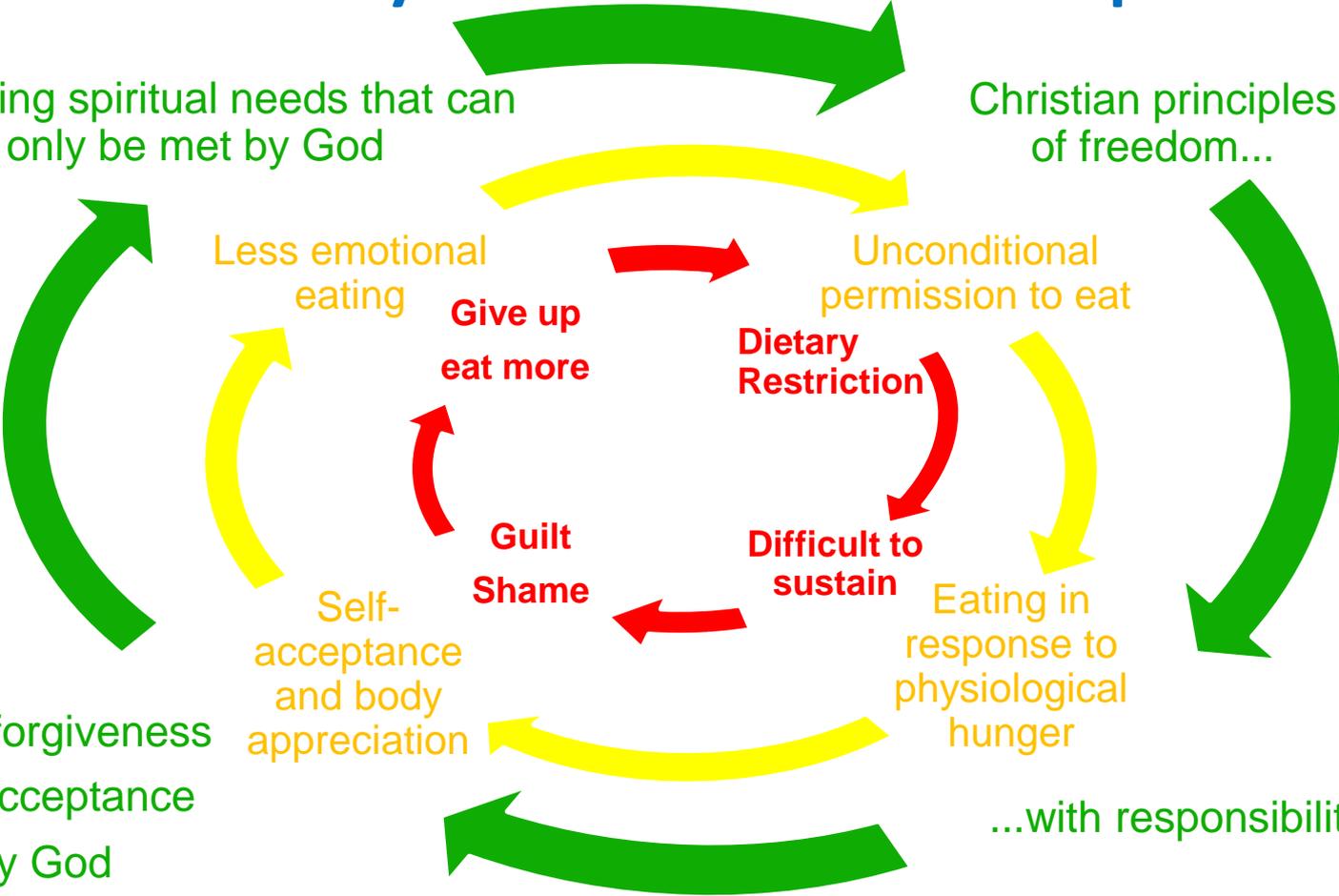
**Difficult to sustain**

Self-acceptance and body appreciation

Eating in response to physiological hunger

Love, forgiveness and acceptance by God

...with responsibility



# Session 7: Leaving the past behind



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## Embedded Qualitative Study (Patel, 2017)

### Subtheme 1:

- Shame to bring food issues to God
- Food seen as a great failure in their lives prevented participants from bringing God into their eating
- This guilt and shame meant they deliberately kept God separate from their eating behaviour.

“I never brought them together because as far as I’m concerned my eating is a big, well, a failed area of my life; whereas my faith and my relationship with God has just gone from strength to strength. I always speak to God about how I’m feeling emotionally and pray for help and support with all other areas; it [my eating] is one of those areas that I’ve kept very separate.”

[Extract 4, Participant 4]

## Subtheme 2:

Freedom from restricted eating reduces guilt

“Food is not the enemy”.

“I do eat chocolate still, but I don’t crave it, I don’t think about it from morning ’til night, which is what I’ve always done, the whole of my life. It’s been almost an obsessive compulsion, so even when I’m dieting successfully I would have that bar of chocolate. I would put it in the cupboard and I would know where it is and I would fixate on it the whole day ’til I was allowed to have it. [Now] days go by when I don’t eat chocolate, some days I do, sometimes I eat too much, but it’s not [with] that awful guilty [feeling]. I can actually enjoy it whilst I eat it.”

[Extract 22, Participant 3]

### Subtheme 3: An opportunity to address other issues

“I think things that I’ve never fully accepted or I’ve found too difficult and I’ve just hidden, put to one side, thinking it’s all about just losing weight but it’s the big thing [about] why I’ve got myself overweight.”

[Extract 24, Participant 5]

“I’ve found that the week where we were writing letters and kind of really dealing with issues [around] why we have weight gain issues. For me [that] was quite important, it gave me the opportunity to deal with something quite major.”

[Extract 25, Participant 3]

# Taste and See – The Cluster Randomised Controlled Trial...

<http://tastes.coventry.ac.uk>

# Taste and See – The Cluster Randomised Controlled Trial...(Lycett, 2018)

- Churches are the unit of randomisation
- Wait list control
- 2:1 Randomisation
- Primary outcome of emotional eating
- Online data collection
- 14 churches around the UK so far, 120 participants registered...

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- <http://tastes.coventry.ac.uk/>