



“I BROUGHT SAD FOOD”

The Obsession with Health, Nutrition, and Fitness, Combined with the Normalizing of Food Addiction, Guarantees the Continued Rise in Obesity

By **Mari Paulus** *Director of Beyond Compulsion, Author of Beyond Food Compulsion & Producer of 7 Misconceptions About the Obesity Epidemic*

“I’m Keto.”

“I’m no carb.”

“I’m intermittent fasting.”

“I’m Paleo.”

“I got my steps in today.”

“I need to work off the carbs I ate last night.”

“I eat my feelings.”

“I’m a stress snacker.”

“It’s comfort food.”

“I’ve gained Covid-15 pounds.”

“If I crave something, I have to have it.”

“A donut will make you feel better.”

“I’m hangry.”

“I brought sad food.”

Our society is fixated on healthy eating and nutrition, and the push for fitness is getting more extreme every day. In addition, the everyday use of language that normalizes the desire to use food addictively is now commonplace. The combination of these elements will guarantee the continued rise in obesity. It’s time for a serious change in perspective. I understand the resistance to this change. How could healthy eating and fitness not be beneficial? And if someone feels bad and uses food to feel better, it seems compassionate to try

to make them feel okay about it, right? Seems logical. Unfortunately, this is a limited viewpoint. One that doesn’t take into consideration that most obese people have compulsive behavior with food—an overwhelming desire to eat beyond what is reasonable—a desire they act on regardless of outside influences. They experience addictive thinking patterns that are fueled by focusing on diet and fitness to address weight issues. These thinking patterns are also fueled by the use of language that normalizes food addiction—both keeping them trapped in the behavior. They don’t need more information on nutrition, fitness, or more motivational memes. They already know what they “should” do. What they don’t know, is how to deal with the persistent, compelling desire to eat beyond what is reasonable. Despite the good intentions of health and wellness practitioners, statistics paint the real picture. Obesity rates, not just “overweight” rates are higher than ever and climbing fast, forecasted at 51% of Americans by 2030. And the rates of obesity in children are rising even faster. We all know the definition of insanity—doing the same thing over and over, and expecting different results. Expecting to stop the obesity epidemic while continuing to prescribe healthy eating and exercise, and continuing to use language that implies that it’s normal to use food to deal with emotions, is insane.

TREATING JUST A SYMPTOM WHILE IGNORING THE MOST CRITICAL ELEMENT

It was in the late 1990's that I decided to take on food compulsion. My work with addictions originated with nicotine in the late 1980's. I decided to shift gears to food compulsion when I began to notice that obesity wasn't being recognized or treated as an addiction. I wanted to offer a solution to people struggling with weight, one that was addressing the real issue, not just one of the symptoms. I wanted to provide a way for them to stop acting on the overwhelming (compulsive) desire to eat beyond what is reasonable—the behavior that causes obesity. In 1995, approximately 15% of adults were classified as “obese” based on BMI calculations. By 2005, that percentage almost doubled to 24%. It was that year that I published my book, *Beyond Food Compulsion*. The rest of society however, decided that lack of healthy eating and exercise was the problem. The prescriptions for healthy diets and fitness came like wildfire from a multitude of sources. Unfortunately, these sources did not possess the knowledge of how the addictive mind of the compulsive eater works, or the negative affect these seemingly logical prescriptions have on this condition. It's taken me many years of working directly with individuals and groups to unravel the complex addictive thinking patterns that are present with compulsive eating. Through this work, I've come to see firsthand, the detrimental effect of pushing healthy eating and fitness for weight loss when addictive thinking is also present. This effect is the most significant factor in the extreme rise in obesity. Hiring a fitness trainer or a nutritionist to deal with obesity, is like hiring a landscaper to pull your weeds but at the same time, they are unknowingly spraying “super, mega, awesome weed food.” And here we are today, in 2021, at 42% of the U.S. population obese. Not just overweight. Obese. Far from normal.

YO! YO!

Many years ago, I predicted that statistically we would be seeing an extreme increase in the “obese” versus the “overweight” rates. Most diet plans and fitness challenges are difficult to maintain, and therefore intermittently reinforce compulsive behavior. I remember years ago reading an article about a couple who would eat next to nothing before their diet program “weigh in,” and after the meeting, go out and binge. Many of my students who had been assigning point values to food, or counting calories, also reported how they would save points and/or calories to binge.



Again, most obese people already have a compulsive relationship with food, and when they intermittently reinforce the behavior, it increases their compulsive desire. We've all heard the term “yo-yo dieting,” but most fail to truly comprehend the seriousness of this dilemma. With each attempt at weight loss, the compulsive/addictive thinking patterns that accompany the behavior become more deeply engrained. And, as with all addictions, people build tolerance, creating an insatiable desire and a vicious cycle. More weight gain. More dieting. More workouts. More extreme weight gain. More extreme dieting. More extreme workouts. Until finally, it's so out of control, obesity and/or morbid obesity is the ultimate outcome.

NORMALIZING FOOD COMPULSION— THE NAIL IN THE COFFIN

The constant push for healthy eating and fitness by our society in an attempt to deal with obesity, has created a secondary problem, the normalizing of food compulsion/addiction. Society has adopted the belief that food compulsion/obesity is normal—that everybody wants to eat beyond what is reasonable—that everyone has this overwhelming desire and therefore needs to try to control it by focusing on diet and exercise. Kids are especially impressionable and are learning to believe this as the norm—creating a whole new generation based on an inaccurate perception. Of course you need to apply healthy diets and exercise to your life on a regular basis to avoid obesity, right? WRONG! In past years, there was very minimal, if any, focus on healthy eating, nutrition, or fitness, and literally no use of language that normalized food addiction. In my high school class of 300 students, there was one obese girl. Yes, only one. With percentages today, approximately 60 students in my class would have been obese. Again, not just overweight, obese. If you include the overweight kids, we are talking about 75% of the class. But the objection is always raised, “Kids used to play outside, now all they do is sit on their butts and look at screens!” Objection overruled. Sitting around does NOT cause a person to become obese. Food compulsion—the overwhelming desire to eat beyond what is reasonable is what causes obesity. The use of constant language that implies that it’s normal to use food to deal with any and every emotion, along with the constant flow of diet and fitness information, perpetuates food compulsion. Maybe the obese toddlers we often see these days just need to eat more kale or get a gym membership? Or maybe they are just stressed out or depressed? Teaching children that it’s normal to eat to deal with stress and emotions, to diet obsessively and constantly exercise, or that being obese is normal—a “body type” we need to “accept,”—with seal the deal on children’s soaring

obesity rates. Normalizing and accepting obesity also won’t protect children from eating disorders. But it will create compulsive behavior with food—the eating disorder that causes obesity—and it’s certainly not normal.

“I’M HANGRY”

In the media today, especially in advertising and television drama, every stress, crisis, disappointment, or emotion of any kind, is accompanied by dialog that implies that food is the solution. Terms like “eating my feelings,” “craving,” “bingeing,” “stress snacking,” and “hangry,” are omnipresent. A woman in a TV drama wanting to console her friend during a break-up shows up with pastries, “I brought sad food.” During a similar situation in another show, two women are having a very emotional conversation about a break-up that ended badly, “very badly,” and one suggests, “cinnamon swirls.” The other, with a magical transformation to happiness says, “I’m gonna need two of those.” Currently, we can expect any script written about an emotional situation to include dialogue that normalizes food addiction. Many times, this scriptwriting seems extreme and

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unnecessary, and attempts to be humorous. A man is lying in bed depressed because his movie directing debut gets cancelled due to Covid. When his wife asks him what his plan is for the day, he responds, “Well my plan was to be on set for

the first day of my movie. Now I think I'm going to let a bag of tortilla chips and can of aerosol cheese test the limit of these drawstring pants." I can only hope that scriptwriters, in trying to be relevant, are oblivious of the effect these "jokes" have on the climbing obesity epidemic, and how they are trivializing the suffering that compulsive eaters experience on a daily basis. "Bingeing" actually results in death for many people who are compulsive with food. And, whoever came up with the term "hangry" has done us all a monstrous disservice. Anger IS NOT a normal response to hunger. Allowing this kind of language to become the norm is reprehensible. You literally cannot tune in to any form of media, even what I consider sophisticated television, without being exposed to the normalizing of food compulsion. MSNBC's Nicolle Wallace, during the Georgia Senate race said, "You'll want to have your stress snacks on hand." News flash Nicolle, eating because you feel stressed in NOT normal behavior. However, having a compulsive behavior with food that causes you pain, shame, and unhappiness, yet you're unable to stop, will definitely stress you out.

NORMALIZING THE OBSESSION

The number one goal of all of the compulsive eaters I've worked with over the years is peace of mind. Of course they want to lose weight, because obesity causes a myriad of very serious health issues, but losing the obsession is at the top of their lists, because of the acute mental and emotional suffering it causes. Yet, television dramas have now even included scenes that make fun of the obsession element of food compulsion. A huge detrimental step beyond the ridiculous references such as a hard day that requires donuts to feel better. Both scenes that come to mind included very serious subject matter. The first scenario: A therapist in a group of friends, who everyone holds in very high regard, has been the support system to the teenage girl who was sexually assaulted by her music teacher. She, yells up the stairs to the girl, "I thought we could go for a walk but it's

raining, so I thought I'd put in a couple Pop Tarts. If you don't come down, I'll eat yours." Then she gets this oddly obsessed and dingy look on her face and says, "maybe I should just make three." In the second scenario: A fire chief is very upset because her physician girlfriend has to go to Italy, a Covid hot spot. One of the firefighters comes into her office and asks "how are you holding up?" She responds, "If you mean by holding up, stuffing my face with cookies every chance I get to avoid thinking about the fact that my girlfriend is heading into the belly of the Covid beast and

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that the immigration system is as broken as the justice system, then I am holding up incredibly well." The firefighter gets the same oddly obsessed, childish look on her face, giggles, and responds, "What kind of cookies?" In both scenarios, serious subject matter and fears are disregarded, overridden by the thoughts in the forefront of their minds of "the kind of cookies" and "will I get two Pop Tarts now that it's crossed my mind as a possibility?" Food obsession is not funny. And, definitely not normal.

HOW MANY COOKIES WILL IT TAKE TO GET AN OPIATE HIGH?

The answer is...there isn't enough. People are often advised to substitute a healthy behavior when they are faced with the desire to engage in compulsive behaviors. Unfortunately, the only "substitutes" that will alleviate the discomfort of withdrawal symptoms (and only very temporarily) are also mood and mind altering and highly susceptible to becoming compulsive/addictive behaviors. The result is never breaking free of the original compulsion and inevitably relapsing, and also developing another addictive behavior. Like being

taught to believe that it's normal to gain weight when you stop smoking, when the truth is if you try to use food to deal with nicotine withdrawal you end up overweight and back to smoking. With the current omnipresent normalizing of food compulsion, anyone attempting to stop another addiction is extremely likely to reach for food—underestimating and trivializing the true hell of living as a compulsive eater. Compulsive eating is actually more deadly and also comes with more physical problems than many other addictions. Yet, when you tune into your latest TV drama, you very often see a person showing up to console her friend in crisis with ice cream or carbs, but you never see or hear, “Sorry you're having a hard time. I brought heroin.”

NORMALIZING, ACCEPTANCE, AND INCLUSION WON'T STOP THE HARMFUL FALLOUT

The negative consequences of obesity are severe. Yet, we continue to normalize and push for acceptance of this condition. On a systemic level, these consequences are permeating our society and affecting our actual way of life. We would never consider “accepting” such harmful fallout from any other behavior. Pediatricians now need to reference “adult onset disease manuals” in their practices, yet children are still being taught that using food for emotional reasons is normal, and that obesity is a body type they need to accept. Another side effect of food compulsion/obesity, is the diabetes epidemic. Commercials for diabetes medications are extremely common. They have happy little jingles, and the actors in these ads are always obese, smiling and having a good old time, as if this is a completely normal way to be. It's okay! Just take a pill, or two, or several everyday. One of my clients binged on an entire pie, and guessed she'd need a dose of her “diabetes medication,” resulting in a seizure during which she bit off the end of her tongue. I wonder how she feels seeing these ads? Or what about the woman

who told me she was so depressed because there was never a moment that she didn't feel physically hindered, or emotionally aware of her excess weight, and how it negatively affected her life? Why doesn't she feel so happy-go-lucky?

The physical problems that result from obesity are only the tip of the iceberg. The mental and emotional consequences are often disregarded as our society continues to push for acceptance of obesity. Popular reality show judges support the obese contestant as she encourages her following of young girls to “be and accept who they are!” Yet there is no mention of the emotional conflict that is an inevitable part of living with this compulsive behavior. In my work, I spend a great deal of my

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that results in obesity, IS an eating
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time and energy throwing people a lifeline to pull them from the helplessness they've been taught in regard to food. Thoughts of what, and when to eat, how and when to “work off what they ate” dominate their minds to the point of feeling like they'll go mad. This anxiety is understandable when you consider that they are constantly being

exposed to social media messages like, “Run a marathon. Eat a cookie. Balance.” Or, have had experiences like that of living with the super healthy, fitness mom, that results in her 11 year-old daughter drooling on the table in anticipation of having a piece of cake at a birthday party—an embarrassment the girl will never forget. We can’t survive without eating, and societal “diet mentality” fuels thoughts of helplessness around food. These diet mentality and helplessness thoughts become an obsessive spin in the mind that almost always leads to relapse. Contrary to popular belief, societal shaming of obesity doesn’t cause eating disorders. Compulsive eating, the behavior that results in obesity, *is* an eating disorder. Trying to treat it by focusing on healthy eating and fitness, without understanding how this approach perpetuates the preexisting mental anguish, is what causes anorexia and bulimia—extreme and deadly extensions of the same compulsive behavior.

Beyond the physical, mental, psychological, and emotional consequences, is the impact obesity has on an economic level. The costs to the healthcare system alone are astronomical, with people requiring treatment for obesity related health issues including diabetes, heart disease, abnormal



cholesterol and triglyceride levels, joint issues, gall bladder and liver diseases, breathing disorders, cancer, and the list goes on and on.

In 2019, 256,000 gastric bypass surgeries were performed in the United States costing almost 6

billion dollars. Yet, bariatric surgeons themselves admit that the procedure is unsuccessful long term, and, complications are so common, that hospital staff have adopted the acronym GBGB—gastric bypass gone bad. The additional costs can easily surpass that of the surgery. The post gastric bypass people I’ve worked with personally, almost all feel emotionally devastated, having permanently altered their anatomy, only to realize that the compulsion to eat beyond what is reasonable comes from their mind. What’s next? A lobotomy?

The logistical requirements of caring for obese individuals is also very costly. Whether it’s a hospital setting, a care facility, or in-home care, additional hands are required to perform basic caregiving functions. The developmentally disabled population, who generally require caregivers, also have a significantly higher (and rising) rate of obesity. Like children, they tend to be more susceptible to societal “normalizing” messages. This susceptibility is reflected in their obesity statistics. Caregivers and healthcare providers in general, and more specifically those who care for the developmentally disabled, are significantly affected by the obesity epidemic.

To speak out negatively about obesity is generally deemed “politically incorrect,” even though the condition has repeatedly proven to be “medically incorrect.” In March of 2021, the CDC reported that 78% of Covid hospitalizations were obese patients. They also had significantly higher incident of requiring intensive care. Both of which present even more harmful fallout—hospitals at capacity caring for obese Covid patients, having to postpone surgeries for those with other medical conditions—adding even more stress to the undeniable angst of living in pandemic times.

With the trending acceptance of obesity, we now hear it being classified with the use of terms like

“inclusion” and “equality.” A popular clothing company is helping secure this trend by creating advertisements with obese women dancing around celebrating equality, because the store

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will now cater to them, no longer separating departments according to size. This may be a smart financial move for a clothing store, with the U.S. trending toward half of the population becoming obese by 2030, however, the financial ramifications of allowing obesity to officially be considered “inclusive,” won’t benefit everyone. The cost of “including” obesity as an unavoidable “body type,” as opposed to a symptom of an addictive behavior, will be paid by employers, insurance companies, and individuals. Employers pay the cost in significantly increased sick time and workers compensation claims, not to mention the seemingly unacknowledged cost of reinforced furniture that will be required in most environments. The astronomical costs to insurance companies are being passed down to individuals who already struggle to pay high premiums. According to the office of the Insurance Commissioner in Oregon, premium rates are established by a “geographical pool,” and normal “weight” standards have been increased due to the efforts of fat acceptance lobbyists. It doesn’t matter if you are obese or not, everyone pays the price of these rising costs.

WHERE DO WE GO FROM HERE?

Has the pendulum swung too far? Can society unlearn an obsession so pervasive it’s actually altered our everyday language? Can we turn the clock back to a time when obesity was a *very* rare condition and food was considered a biological building block of the human body, not comfort for the human spirit? The societal tide has turned and the fallout is inevitable. However, if we can come together, pay attention to the data, and admit that the current prescriptions are not working—the obesity train has run off the track—we can at least hope to change the trajectory going forward. I read an article once headlined: “Obesity is Contagious.” It’s the obsession around diet and fitness that is contagious—an uninformed, “obsession epidemic” that is responsible for obesity. An entire generation is paying the price for societal participation in this obsession, and for the unwillingness to confront the absurd normalizing of food addiction language that we hear every day. We can choose to continue to allow this detour to disaster, or we can choose to provide appropriate treatment, and challenge societal resistance to the fact that compulsive behavior with food is an epidemic eating disorder—the eating disorder that causes obesity.



Beyond Compulsion classes and workshops are available for groups and individuals, virtually or in person. Learn how to overcome compulsive behaviors including food, nicotine, gambling, spending, relationships, gaming, alcohol and/or other drugs.

Licensing opportunities are also available for practitioners who are interested in teaching the Beyond Compulsion method.

*Contact: Mari Paulus, Director, Beyond Compulsion
503-502-9340 or beyondcompulsionllc@gmail.com*