



Food is more than calories

Jsabella Zädow, dipl. Ernährungsberaterin FH, psychologische Beraterin IKP, MAS Health Care Management

KEP - Kompetenzzentrum für Ernährungspsychologie, Zürich



Agenda

- 1) a short story
- 2) there are many different reasons to eat
- 3) food and the five senses
- 4) ARFID (eating disturbance)
- 5) conclusion











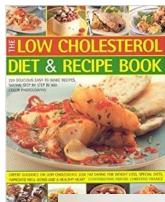
From nutrition for survival to nutrition as lifestyle choice



Nutritional recommendations and food

































We never knew more about nutrition and its impact on health than today...



...nevertheless, we continue to struggle with our diet and although we intellectually know what to change – we don't.

We are all highly proficient eaters!

We eat 3 times a day
That's 1000 meals in a
year

In your lifetime this means...



Conclusion # 1

 healthy nutrition is not a cognitive matter of knowing and intelligence

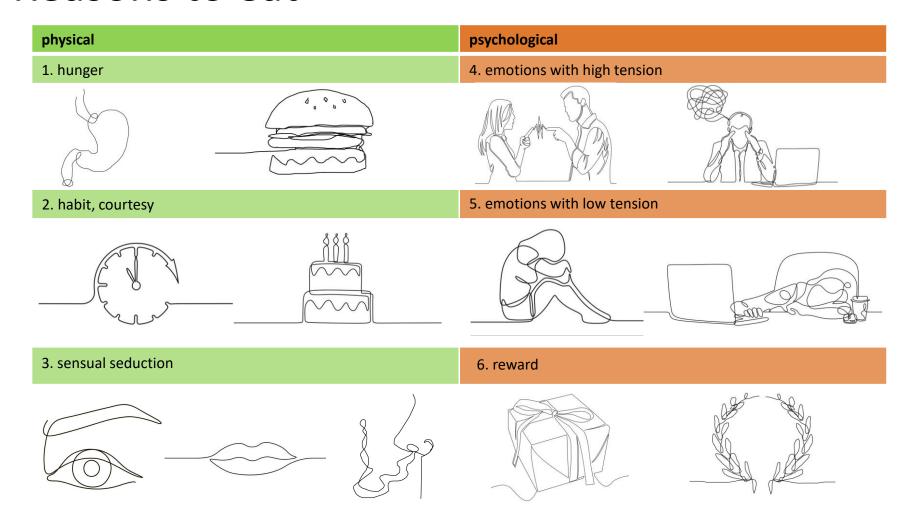
 as a result of our daily practice, our eating behaviour becomes automated, without much thinking involved

 all our food related experiences are saved in our "body memory" Because during our lives, additional influences create different food experiences, which change our initial to our actual eating behaviour...





Reasons to eat



Source: Own representation (2022) based on Hinsen, H. (2003)

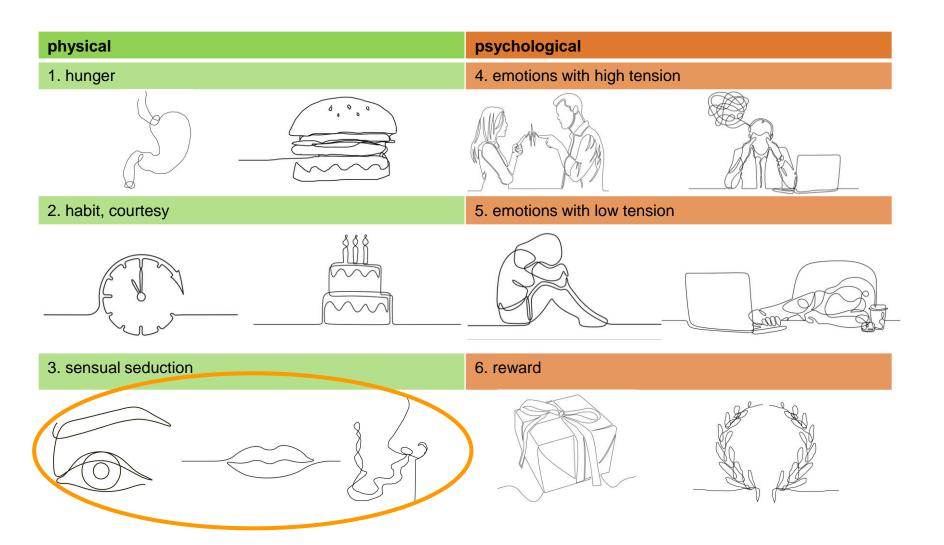
Conclusion # 2

 Food choice is not only defined by reasonable thoughts

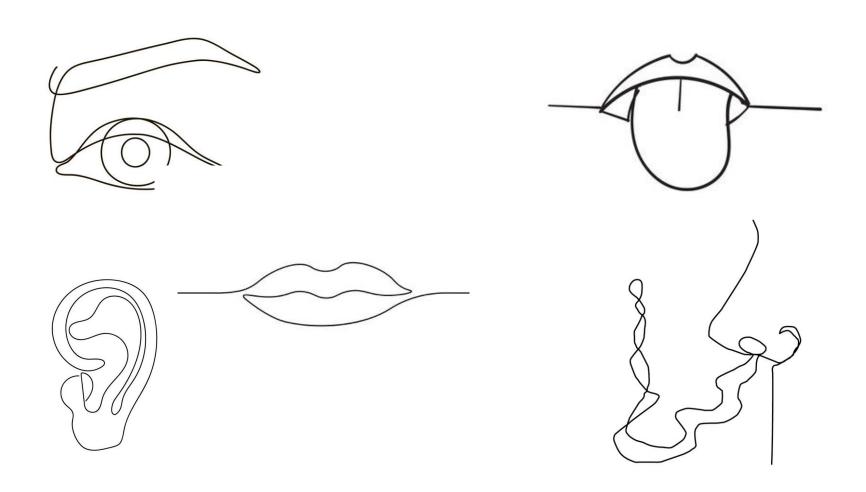
 Various physical and psychological impulses guide us to the fridge – or keep us away from it



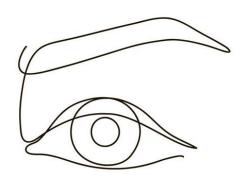
Reasons to eat



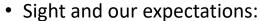
Sensual seduction - physical and chemical stimuli



1. Eating with the eyes



- Sight generally gives us the first impression of food and visual information about shape, size, colour, state and texture
- Sight allows us to recognize food:
 - Are we going to like it or not?
 - Is it ready to be eaten?

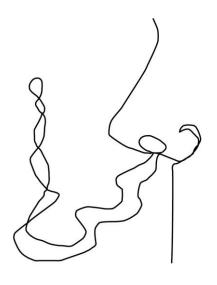


- Colours are related to taste (red = berry)
- Shape and state are related to condition (e.g. fresh or rotten)



Sight seduces us to eat – even when we are not hungry!

2. Olfactory perception

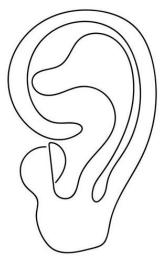


- Olfactory sense is important to enjoy our food.
- Olfactory perception is individual, depending on experience and training.
- The olfactory brain is connected to those parts of our brains which analyse emotions and memories.



The smell entices us to eat – even when we are not hungry!

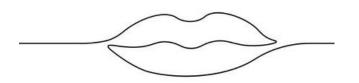
3. The sound of food



- Internal und External sounds:
 - Internal sounds like chewing → the back of our mouth is linked directly to the middle ear
 - External sounds are from cooking, or the unwrapping of a chocolate bar etc.
- Sound and our expectations:
 - When we see food, we have an expectation how it has to sound. If it is not meeting our expectation, we are disappointed and can't enjoy this food as usual

For some people, the sound of eating can be disgusting (Misophobia) – and it prevents them from eating, even when they hungry!

4. Oral tactile sensation

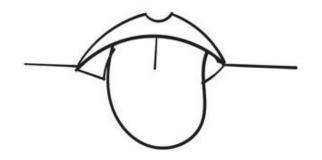


- Indulgence depends on consistency and texture, if it is crispy, creamy, soft, fluffy etc.
- Consistency is related to emotions and tension:
 - Excitement = crunchy, crispy (salty and spicy)
 - Sadness = soft, creamy (sweet or neutral) (Gisla Gniech, Essen und Psyche, 2008)



For some people, consistency of food can be disgusting and it prevents them from eating, even when they are hungry!

5. Taste buds



- Throughout evolution, detecting flavours has not only allowed us to enjoy the food but also to detect toxic substances: breast milk is sweet, toxic substances are often bitter
- Our taste buds are trained with experience: we need to taste something repeatedly to learn to appreciate the taste (e.g. olives, coffee, beer, wine)



When food is super-delicious, we tend to eat much more than to saturation!

Conclusion #3

 We make our daily food choices automatically and with all our senses

 We can get used to a variety of foods and learn to appreciate them by frequent training

 But: physical or mental illnesses can interfere with our intuitive eating behaviour

ARFID

= Avoidant/Restrictive Food Intake Disorder

- new diagnosis in DSM-5
- sensory disorder / atypical eating disorder
- physical constriction of the mouth tissues, throat and digestive tract
- as a result, fear stops the ability to eat some foods

Avoidant Restrictive Food Intake Disorder Symptoms



Significant weight loss



Abdominal pain



Fear of choking or vomiting



Fatigue



Excess energy



Cold intolerance



No body image struggles



No fear of weight gain



Only eating food with particular textures



ARFID – practical examples

Patients show eating related symptoms:

- only bland colours
 (pasta, rice, yoghurt....)
- only neutral smells (no meat, fish, cauliflower...)
- no cracking sound (raw veggies, fruits, nuts...)
- no-go consistencies (e.g. hair on fruits like strawberry or kiwi)
- taste related symptoms are rare



Long term treatment goals for ARFID

- reduced mealtime- and food-anxiety
- increased number of accepted foods
- improved diet variety
- weight restoration or growth
- resolved nutrition deficiencies

To make a "complex" story short...

- indulgence is a subjective experience and a lifelong adventure and journey
- some of our patients are afraid of eating and/or overwhelmed by food
- food is much more than calories or nutritional recommendations

Thank you for your attention

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