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Heartbreak Hotel: Spirituality and Metabolic Syndrome

Christine A. James

Abstract: Metabolic syndrome is a rich test case for those seeking a spiritual response to chronic illness. This paper is a comparative study of Christian, Buddhist, and philosophical approaches to metabolic syndrome, including consideration of recent self-help books on spiritually-informed diets. All of these approaches acknowledge that there are multiple tensions between sets of internal and external causes and contributing factors to the metabolic syndrome diagnosis. The clinical definition and risk factors of metabolic syndrome and obesity are described, including the possible debate as to whether metabolic syndrome and obesity fit the definition of a chronic disease. The individual and social relationships between weight and the concepts of guilt and shame are examined. In philosophical literature, there is an important distinction between shame as an inner feeling or self-reflexive attitude, and shame as an externally defined state that our socio-cultural context bestows on the overweight and obese. The Christian and Buddhist responses and recommendations for overcoming the pathology and behaviors associated with metabolic syndrome vary, but they have a common theme in recommending a revision of one's approach to control. This revision takes two major forms, either 1) relinquishing all control of one's life and seeking a new level of appreciation and receiving help from others (either from God, Jesus, or one's fellow human beings), or 2) learning to regain control of one's life, either through arguments for external ethical goods created by virtuous eating, or through a mindfulness that gains control over, or limits, one's internal desires and suffering.

Clearly, only warmth and caring can motivate surrender. (Hollis 2010, 254)

Colloquially, the medical diagnosis of “metabolic syndrome” and the physical condition of obesity, might not be understood as chronic illness or chronic disease. To the lay person, chronic illness often refers to something “out of the patient’s control.” In contrast, chronic illness such as Crohn’s disease and celiac disease are not usually thought to be the result of repeated, habitual, poor dietary choices on the part of the patient; this is even less so with chronic conditions like multiple sclerosis or cystic fibrosis. Metabolic syndrome is not necessarily considered a chronic condition, because it can be remediated through lifestyle changes, healthier choices in food intake, and physical activity. Nevertheless, metabolic syndrome is directly related to chronic illness in terms of a specific set of clinical outcomes that are recognized by the Centers for Disease Control as chronic diseases, among them “heart disease, stroke, cancer, diabetes, and arthritis.” (CDC 2012) These chronic diseases are often listed in the medical diagnostic literature as clinical outcomes of metabolic syndrome, “a condition characterized by multiple risk factors.” (AHA 2004) The Mayo Clinic defines metabolic syndrome as

a cluster of conditions — increased blood pressure, a high blood sugar level, excess body fat around the waist or abnormal cholesterol levels — that occur together, increasing your risk of heart disease, stroke and diabetes. Having just one of these conditions doesn't mean you have metabolic syndrome. However, any of these conditions increase your risk of serious disease. (Mayo Clinic, 2011)

The Mayo Clinic points to a set of possible causes of metabolic syndrome. These include insulin resistance, evidenced by elevated blood sugar in a phase known as pre-diabetes, and a lack of physical activity. One way to outline the differing opinions about the causes of metabolic

syndrome is to analyze the role of inflammation in the disease; in some cases, inflammation is understood as an effect of insulin resistance, but for other researchers, inflammation is a contributing cause of the insulin resistance itself:

The management approach in patients with the metabolic syndrome depends on the syndrome's perceived causes and the degree of risk attributed to its presence. Current general conceptual frameworks include (1) viewing the metabolic syndrome epidemic as being attributable to environmental causes (eg, the basic approach of NCEP ATP III), (2) viewing the syndrome as primarily the result of insulin resistance (eg, the WHO approach), and (3) viewing inflammation as the underlying cause of the syndrome. In the first view, the primary management approach would be lifestyle modification for reducing obesity and increasing activity. If insulin resistance is considered the underlying cause, treatment is likely to include insulin sensitizers in addition to lifestyle modifications. If inflammation is considered the underlying cause, treatment is likely to include lifestyle modification and insulin sensitizers together with other agents, such as statins, angiotensin-converting enzyme inhibitors, or angiotensin receptor blockers, depending on the presence of specific risk factors. (Haffner 2006, 7A)

It is helpful to know that there is disagreement on the causes of metabolic syndrome. It is a relatively new diagnosis that it still being studied. The definition and risk factors for metabolic syndrome were first outlined in 1998, when a World Health Organization (WHO) consultation group outlined a provisional classification of diabetes that included a working definition of metabolic syndrome. Since then, the number of people diagnosed with metabolic syndrome has

steadily risen, especially in the United States, according to the Centers for Disease Control and Prevention in Atlanta. In general, obesity and metabolic syndrome co-exist, with obesity as one of the physical risk factors, and metabolic syndrome the name for the overall condition as defined by the diagnostic criteria: the presence of at least three of the risk factors in one patient. The increasing prevalence of metabolic syndrome is arguably due to lifestyle choices, including the fact that ~~more~~ more than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans, and 23% report no leisure-time physical activity at all in the preceding month” (CDC 2007). On one level, it is a matter of eating too much and exercising too little; but there are a variety of emotional and social influences contributing to obesity as well. Some researchers, such as Steven M. Haffner (2006), note that there may be an infectious agent or inflammatory process that triggers onset of factors related to obesity before the onset of the syndrome itself.

Metabolic syndrome is apparently associated with emotional influences, which are then obvious in the patient’s physical appearance. The appearance of metabolic syndrome is immediately noticeable, which is not the case with many other chronic illnesses. In their 2010 book *Savor*, Thich Nhat Hahn and Lilian Cheung argued that our society has become ~~obesogenic~~ “obesogenic”, in that we are surrounded by societal forces that drive us to eat more and move less with the result of weight gain and related health problems. In such a context, the personal decisions that result in obesity must be understood in a societal context of temptations and pressures that make us ~~become~~ “become disassociated from what our bodies truly need and want” (Hanh and Cheung 2010, p. 12). The interplay of inner self-understanding, and outer dialogue with others regarding food and the ethical status of over-eating, is a major theme in the popular perception of obesity among Christian and Buddhist authors.

Many lay persons, as well as spiritual and religious leaders, have written books that attempt to guide overweight people to a healthier lifestyle through a spiritual process that is intended to decrease dependence on food. The reasons people develop problematic relationships with food are complex; there are a variety of psychological and genetic tendencies that are relevant to the problem. In this literature on spirituality and diet, there is ambivalence in the interpretation of “control” and “shame.” Within both the Christian and Buddhist traditions, the interplay of these two concepts is the crux of understanding metabolic syndrome and obesity.

I. The Ambivalence of Largesse: Fat Body, Expanded Mind, Great Spirit?

Before discussing spirituality, obesity, and metabolic syndrome, an irony regarding obesity in many religious traditions must be acknowledged. For the Christian, Buddhist, and many philosophers, there are role models who are in tight control of their bodies and their bodies’ physical desires and hungers, and there are opposite exemplar figures with bodies that are overweight. This kind of body often represents contentment and happiness, the personification and embodiment of jolly abundance. For example, a majority of Christians are raised with the concept of Santa Claus: rotund, apparently gregarious, and described as generous and physically able to give toys to girls and boys throughout the world within one night in spite of his girth. In Buddhism, the tradition of the jolly laughing Buddha is especially associated with China, and is a significant auspicious figure combining Buddhist, Zen, and Shinto wisdom. Known by the name Hotei or Pu-Tai, in China this representation of Buddha is known as the Loving One or the Friendly One. As with Santa, this incarnation of Buddha is rooted in history and a person who actually lived:

He is based on an eccentric Chinese Ch’an (Zen) monk who lived over 1,000 years ago and has become a significant part of Buddhist and Shinto culture.

Because of this monk's benevolent nature, he came to be regarded as an incarnation of the bodhisattva who will be Maitreya (the Future Buddha). His large protruding stomach and jolly smile have given him the common designation –Laughing Buddha.” (Inbasekaran, p. 2012)

This archetype of contentment and deep understanding, represented in an abundant figure, is also present in the history of philosophy. Richard Watson, in his book *The Philosopher's Diet* (1998), noted that David Hume was a thin and gangly youth. In today's terminology of body types, he would have been described as an ectomorph, tall and thin. But his philosophical process of skepticism on epistemological issues like cause and effect and the problem of induction, followed by the resolution of that doubt, and a variety of social engagements, soon changed his figure dramatically:

In his twenties he had a skeptical crisis, wrote one of the classics of Western philosophy (*A Treatise of Human Nature*), and gained 60 pounds in six weeks to become a fat, jolly fellow for the rest of his life... Hume would be the first to suggest that the likeliest cause for weight gain is not a sluggish metabolism but the total intake of food. (Watson, 1998, p. 67)

Hume is indeed known as a philosopher with a sense of humor, but it is possible that his weight and the other models of girthy optimism in each of these traditions, are not the whole story.

Comedians are sometimes said to embody the Pagliacci Syndrome. This refers to the main character, Pagliacci, in Ruggero Leoncavallo's opera: a clown who appears to be happy on the surface, but who is actually hiding a much deeper sadness as a result of interpersonal communication problems and the apparent infidelity of his beloved wife (Blistein, 1964, p. 5). Although Pagliacci is not described explicitly as a –fat” clown in the libretto, one of the

performers who excelled in the role, Luciano Pavarotti, was known as a man of considerable girth, and the traditional Pagliacci clown costume can be described as generously ruffled, loose-fitting, and forgiving. The perception of the overweight or obese person as happy and jolly can be like that of the clown Pagliacci, laughing on the outside and crying on the inside.

Undoubtedly, persons who are obese suffer in social contexts, whether they are physically unable to engage in certain kinds of activities, or they suffer a kind of “social death” by being excluded and disinvited from social gatherings. The appearance of a jolly, happy, fat person often hides deep sorrow.

This sorrow can exist in both physical and social forms. Hahn and Cheung (2010) note that when one is overweight, one suffers a variety of pains: “Our knees may ache, carrying too much weight, and become swollen and stiff with arthritis. Our heart may labor harder, our blood pressure may rise, and harmful plaque may build up inside the lining of our arteries, heightening the risk of heart attack and stroke. Our breathing itself may become a problem around the clock as the risk of asthma, chronic obstructive pulmonary disease, and sleep apnea increases” (Hanh and Cheung 2010, p. 19). The social stigma associated with weight is also a dramatic form of suffering, for obese persons of any age: “As children, they may, owing to their weight, become the target of teasing and bullying from their peers. As adults, they may be less likely to win a job or a promotion, or they may be stereotyped as lazy or less disciplined” (Hanh and Cheung, 2010, p. 19).

A related inner and outer struggle can affect those who are obese in childhood, specifically, dealing with the impression that one’s parents and family did not care enough to stop the child’s overeating at a young age. Judi Hollis hinted at this difficulty, in her 2012 book *From Bagels to Buddha*:

I once asked my mother about a picture of me at age five standing in the dusty, coal-covered porch on Scranton's South Side. "Why'd you let me gorge myself with a corncob in each hand?" Mom answered, "You just loved to eat. You were always hungry. I'd give you dinner and you'd say, 'Mommy, I want more.'" I know today that I was ravenously hungry for a spiritual connection not to be found in food. (Hollis, 2012, p. iv)

Many people who have been overweight as children, and who struggle with self-control as adults, wonder if their parents might have been able to give them better will power or better habits through firmer parenting in their childhood. The overweight patient's family, friends, social connections, and an environment that allows for physical activity are important influences on their attempts to lose weight and live a healthier life. Adding in the spiritual dimension might help or hinder this treatment, but there is undeniably a spiritual significance in one's relationship with food. This perception, that there is a struggle for a spiritual fulfillment, or an ongoing hunger that food cannot satisfy, is a major reason why the literature on spirituality and diet continues to grow and includes texts based on many different traditions. This piece will address in turn the philosophical, Christian, and Buddhist approaches to weight loss.

II. Philosophy and Weight Loss: Control and Shame

Philosophers have written a variety of texts on weight loss, and the interrelationship of healthy body and healthy mind goes back to ancient Greece. Philosophers like Aristotle described the concepts of virtue and self-control that maintain a healthy balance in one's diet and physical activity. Aristotle described a character-based moral theory: one should try to become habituated into the right moral character by doing those activities which would be most likely to be performed by one who has a properly developed moral character. Actions have moral worth if they are done in accord with a good moral character. Moderation, as well as other virtues, are

essential: one must have reason and not be too affected or misled by drives and desires. Losing control to one's drives and desires, such as hunger, would have been known as *akrasia*, acting against one's better judgment, acting without the control of reason, or incontinence. One who repeatedly overeats, then, is at the very least morally underdeveloped, and morally accountable for their apparent incontinence. This moral accountability for acting without reasoned control is why shame and guilt are directly associated with the physical state of being overweight and out of shape in a majority of Western traditions. The term for shame that is related to *akrasia* is *aischron*. The term *aischron* is especially well suited to issues of weight, as it means both *shame* and that which is *physically repelling and unattractive*. As the philosopher and psychologist Robert Metcalf pointed out, shame is "ugly." The Greek word *aischron* connotes that we only look at what is shameful "wincingly" (Metcalf, 2000, p. 3). Note that the person who winces at the shameful condition of being overweight can be both the person who is overweight (looking in a mirror), and the other who looks at them (in public). In Cheshire Calhoun's article "An Apology for Moral Shame," she stated that "in shame, we see ourselves through other's eyes, and measure ourselves by standards that we may not share" (Calhoun, 2004, p. 128). We internalize the "other" and evaluate ourselves by asking "what must they think when they see me?" This can result in a destructive cycle of self-reflexive attitudes, guilt, shame, further overeating, and another round of guilt and shame. Such a consistent and repetitive problem is both literally and figuratively "heartbreaking."

This interplay of guilt and shame is often informed by a difficult tension between the mind and the drives, desires, hungers, and inclinations associated with the body. In his article "The Genesis of Shame," J. David Velleman (2001) highlighted the importance of repeated and consistent control over one's drives and desires. Shame often involves a struggle between the

mind and immediate inclinations, a struggle that shows our capacity to resist desires repeatedly, cumulatively and consistently over time (Velleman, 2001, p. 35)

The transition between ancient Greek philosophical approaches to overeating and guilt and shame is best illustrated by Augustine's interpretation of Genesis, specifically eating the fruit of the tree of knowledge. For Augustine, shame was an internal state that originated from the struggle between the will and the body. The struggle between the will and the body began in the Garden of Eden. Before eating the fruit of the tree of knowledge, the will and the body were united, in harmony – drives and desires were never out of balance or exaggerated. After eating the fruit, Adam and Eve could see the outward results of conflict between the will and the body (for example, the outward signs of lust, on which the will did not want to act, but in which the body chose to indulge). This conflict of the body asserting its inclinations over the intentions of the will was what, for Augustine, gave rise to shame (Augustine, 1988, p. 275).²

Given the apparent problem in controlling drives and desires, and the resulting shame and guilt, recent philosophers have attempted provide a solution for dealing with such temptations. The answers tend to fall into two major groups: internalized narratives regarding developing one's own moral fortitude, and externalized narratives involving pseudo-utilitarian arguments claiming that eating less will be much better for the world as a whole. In Richard Watson's book *The Philosopher's Diet*, he suggested that the diet industry is, in a way a, form of entertainment: going on a diet is like playing solitaire. But unlike playing solitaire, dieting is approved by most people as an activity requiring moral fiber (Watson, 1998, p. 5) The dieting itself is a private activity, one that involves counting calories, carbohydrates, fats and playing an internal game with one's self; but at the same time it is a game that is seen as socially acceptable, a popular activity that leads to popularity. When one struggles with weight, one struggles with oneself.

Many philosophers have provided evidence for the internal argument to control weight. Plato posited that every individual has reason, willpower, and a set of desires. Each of us is dominated by one or another of the three. A person must be satisfied with his or her lot because there is no way of altering the proportions with which he or she was born (Watson, 1998, p. 88). But a person can exercise the will and attempt to become properly educated in use of reason and will to control the desire for food. Similarly, following Descartes, someone should change his or her opinions and desires only when the world cannot be changed to fit personal desires and opinions. It would appear then that a person can lose 20 pounds and then maintain the weight loss by responsible, free choice (Watson, 1998, p. 25). This philosophical perspective makes it seem as if weight loss is primarily an internal process, a battle that takes place primarily in one's mind. "Your strength and moral courage must come from within," says the philosophical approach to internal change. "Don't look for outside help. Human beings are capable of setting and reaching goals themselves" (Watson, 1998, p. 84).

However, there also is a set of externalized arguments for weight control and moderate eating in the philosophical canon as well. A philosopher can trace the various figures about population, nutritional requirements, and food production around the world and conclude that if all the available food in the world were shared equally, then not just some of us, but all of us, would be undernourished (Watson, 1998, 37). On utilitarian grounds, "the good for the greatest number," it would be immoral not to try and change a system of food production and distribution in which some are overfed while millions of others are starving. Dieting is a key part of this ethical obligation: "You can stop supporting the extravagances of the processed-food industries... You can set an example by eating less meat and less food overall" (Watson, 1998, p. 38).

One fascinating aspect of Watson's externalized argument for weight loss, the argument that one's weight loss is beneficial to humanity and the environment, is that these societal goods to the individual are also related to a more selfish good of sexual pleasure:

People can survive without sexual satisfaction, but people cannot live without food. It seemed to me that if enough people took control of their sexual lives and assured themselves sexual satisfaction that they don't even need, then perhaps they could be convinced to take control of the world's food production in order to distribute food to a billion undernourished and starving people. (Watson, 1998, p. 79)

This concept of "taking control" of one's eating and one's sexual life is connected in multiple ways with social perceptions of obesity. On the one hand, it can be argued that being sexually desirable is not affected by weight; on the other hand, many argue that the social ramifications of being obese will undoubtedly cut down on the number of sexual partners one will attract in one's lifetime. Watson makes both arguments, simultaneously finding that "when it comes to sexual desirability, contenders on the upper end of the weight scale for average Americans have the edge. In our sexual fantasies and in the flesh, we prefer someone with a little fat on his or her bones" (Watson, 1998, p. 74); just before describing the weight loss success story of Fats Goldberg:

One of the greatest success stories in the diet literature is that of Fats Goldberg of New York City. By the time Goldberg was twenty-five years old, he had weighed over 300 pounds for years. For many reasons he decided to lose weight, but most of them can be summed up in one word: girls... Fats Goldberg exposed his human

soul. He wanted to love and be loved. Nobody loves a fat man. So Fats took it off and kept it off. (Watson, 1998, p. 75)

The best way to make sense of these two divergent messages, —“prefer a little fat” and —“nobody loves a fat man,” is to see it as a matter of rewards. Society, and the self, gain reward for controlling and shifting drives and desires to a focus other than food. Many diet books include a similar rhetorical technique, building up the reader’s confidence with the message that (s)he need not be incredibly thin, that having some fat is acceptable as long as (s)he is healthy; and at the same time reminding the reader that (s)he will be “loved more” if (s)he is thinner than (s)he is. To the extent that drives and desires are linked (in this case, sex and food), the drive for food is being replaced by acknowledging the drive for sex and love. It is the carrot-on-a-stick approach, with the carrot being sexual acceptance. Aligned with this shift in desire for food and for sex is the implication that the process can be fun. Watson holds that —“the crucial matter of gaining control of part of your life” can be fun, and you won’t know the enjoyment of it until you actually do it. Invoking the Christian existentialist Kierkegaard, the process begins with a “leap of faith” (Watson, 1998, p. 87). The efficacy of the philosophical internal and external arguments for weight loss seems to be a bit problematic. While the process may be “fun”, lack of success produces two different kinds of guilt and shame: the guilt of having lost the internal battle for personal control, and the external guilt of contributing to societal problems related to world hunger and food production. The powerful motivating force of the internal and external arguments is a double-edged sword when we fail.

III. Christianity and Control: Powerlessness and Receiving

Christian narratives on weight loss mention the leap of faith as well, however, the leap is not toward control, but toward a special kind of powerlessness and surrendering of control. The

Christian conceptual model for weight loss holds that we will learn important lessons of faith from going through the process of weight loss. One of the major lessons is the opposite of the internal arguments for control in philosophical traditions; rather than seeking to control one's drives and desires, the Christian approach often requires accepting a loss of control or acknowledging one's powerlessness in regard to food.

Like Hahn and Cheung, Matthew Anderson's *The Prayer Diet* began by acknowledging that society may "wound" those who are overweight in punishing ways: "If we remain stuck in and dominated by our society's myopic view of excess weight, we will miss one of God's most wonderful characteristics – the ability to use our wounds as windows" (Anderson, 2001, p. 14). Using "wounds as windows" refers to the concept that weight reflects certain limitations that faith in the message of Christ can correct. For Anderson, "being chronically overweight is almost always a sign of an inability to receive. It is your body's reminder to pay attention to your needs and to allow others, God included, to help" (Anderson, 2001, p. 40). So in contrast to philosophical approaches that referenced a lack of control, a lack of will, or a lack of reason in regards to drives and desires, the Christian approach suggests that chronic obesity is connected to a lack of ability to receive help from others. It is a problem in how we relate to others – we try to control what we cannot, and our frustration makes us lose control of our eating. Jesus Christ is upheld as an example of perfect powerlessness and giving up control in Claire Cloninger and Laura Barr's *Faithfully Fit*:

The life of Jesus is a model of powerlessness. He chose to divest himself of all power to come to us as a defenseless baby. And at the end of his earthly life, he chose the cross – the ultimate picture of powerlessness. He was nailed up naked, alone, at the mercy of the Romans and the crowd – to the human eye, utterly

hopeless. Although the humanity in him struggled against such submission to God's will, in the end, submission was the way he took. He chose powerlessness so that God's power could be shown through him. So many times, I realize that my struggle with overeating is really a control issue. (Cloninger and Barr, 1991, p. 12)

The theme of giving up control or surrendering control is evident in many Christian approaches to dieting. Matthew Anderson found control to be illusory from the outset, stating that "very little in life is a better teacher about the illusion of control than the vicious cycle of weight gain and loss" (Anderson, 2001, p. 29). These spiritual approaches to obesity emphasize that giving up control and seeking help, especially through prayer, need not be a frightening or regressive process. Surrendering in this way is a leap of faith toward a deeper way of being alive, what Anderson calls "a giant step forward on the spiritual journey and an opportunity" (Anderson, 2001, p. 27). This form of surrender is described as something that is not a battle, and that is not "suicidal" it is merely surrendering to a more spiritual way of living. (Hollis 2012: vi) Surrendering in this way, and learning to "receive help" from others, may work for some people dealing with metabolic syndrome. On the other hand, offering one's powerlessness up to God as a part of spiritual growth might leave the individual feeling that they cannot do anything, or that the issue is simply out of their hands. The struggle for self-control is entirely over in this case, and many of us will resist the "deeper way of being alive." There are also many obese individuals who have formed co-dependent habits and define themselves and their vocation in terms of "being there for others" rather than being there for themselves. The shift out of that "giving" mindset will be a severe shift in personality, one that might have unexpected consequences for others in the patient's social circle. Think here of the giving mother who is

constantly there for her family, who eats poorly because she does not make time for herself in terms of diet and exercise. Think of the overweight nurse working long hours in a hospital who struggles to eat nutritious regular meals and goes through regular blood sugar spikes because she must respond to patient needs before her own. A radical change in the social status quo is necessary for these individuals to truly learn to “receive.”

IV. Buddhism: Letting Go of Desire, Achieving Mindfulness

The Christian tradition knows it as surrender, the Buddhist tradition knows it as reducing suffering in attachment to desire. Two major Buddhist-inspired works on weight loss, Ronna Kabatznick’s *The Zen of Eating: Ancient Answers to Modern Weight Problems* (1998) and Thich Nhat Hahn and Lilian Cheung’s *Savor: Mindful Eating, Mindful Life* (2010) shared an emphasis on the Four Noble Truths and the Eightfold Path as a means to overcoming chronic overeating. Simply put, overeating is a disorder of desire (Kabatznick, 1998, p. 13). It is a disorder of desire that is self-perpetuating as well, since desire for food and overeating is a repetitive process that results in future suffering.

Applying the Four Noble Truths in relation to obesity, we find that: 1) There is suffering, life is unsatisfying, life is fragile, and weight and eating cannot provide lasting nourishment; 2) suffering is caused by attachment to desire, we misguidedly grasp pleasure and satisfaction, only to find that we are even more hungry and suffering more later; 3) suffering ends when we let go of attachment to desire, and we stop seeking nourishment (instead we must stay present with what is happening in the moment); 4) and the Noble Eightfold Path is the way to let go of attachments and end suffering (this form of “letting go” is not unlike the model of surrender evident in Christian approaches to weight loss).

Buddhist responses to overweight conditions also include a set of internal, individual perspectives and a set of outward, social attentions necessary for weight loss. On the individual level, Kabatnick (1998) found that the individual's feelings of satisfaction or lack of satisfaction are related to mindless chronic overeating. In a section entitled *A Closer Look at Letting Go*, Kabatnick stated that letting go of mindless eating is directly related to our feelings of deprivation, and "hatred" of feeling deprived. She advised using the Buddhist Four Noble Truths to help in the struggle to stop mindless eating: Step one involves identifying the cause of suffering (the attachment to desire). The feeling of hatred is your attachment to the desire to eat mindlessly. It is what binds you to this desire and causes suffering. The feeling of hatred is the focus of the letting-go process (Kabatnick, 1998, p. 63). Hahn and Cheung agreed that the first step is awareness of internal states and feelings: "You begin with what is already inside you, with your awareness and experience of every moment you live... mindfulness" (Hanh and Cheung, 2010, p. ix). While mindfulness begins with internal awareness of one's own feelings, the process of reducing suffering also involves outward attention. This applies to both other people, and to one's connectedness to other beings.

Kabatnick (1988) emphasized the role of generosity and the importance of volunteer work as a part of the process of reducing one's own suffering and feeling a lack of satiety. This reflects a renewed focus on one's interconnectedness with others, rather than the solitary feelings of hunger and solitary activities of weight loss like counting calories:

My enthusiasm about the nourishment that comes from helping others led me to start an organization called Dieters Feed the Hungry. The idea was to encourage people struggling with eating problems to expand the ways in which they nourish themselves by practicing generosity and feeding hungry people. I put a small ad in

the local newspaper, and the program took off. I matched volunteers and their skills and interests to various soup kitchens and food giveaway programs. Some people donated eggs to a breakfast program for homeless men, and others served food or washed dishes in local soup kitchens. (Kabatnick, 1998, p. 14-15)

Involvement with others, especially others who are also on a journey of weight loss, is a common part of various weight loss companies like Weight Watchers and Metabolic Research Centers. Regular meetings are held and requirements for participation and attendance are clearly outlined. This outward attention as a step on the path to mindfulness and being present in the moment, and letting go of suffering, also relates to how we perceive our interaction with objects and food itself. Thich Nhat Hahn offered a meditation on eating an apple as an example. Often when we eat, and when we repeatedly overeat, there is a lack of mindful attention to what we are eating. Awareness of the external, and our mutual dependence on the external, reduces the suffering that comes from internal desires:

With mindfulness, the simple act of eating an apple becomes a profound experience. It opens our awareness that the apple is a manifestation of our world and that it cannot come into being in isolation. The apple is dependent on everything else for its existence, reminding us that we, too, are constantly supported by the effort of many beings so that we too may enjoy the apple. (Hanh and Cheung, 2010, p. 5)

This dichotomy between enjoyment and suffering is the core of Buddhist approaches to obesity. In enjoying other people, and in learning to enjoy food in a mindful way, individuals realign their perception of need. The attachment to “needing” food in the absence of hunger, and the attachment to desiring fullness, is the attachment that the Eight Fold Path challenges. The

disorder of desire that results in obesity and the diagnosis of metabolic syndrome, then, is a disorder of desire that comes from a lack of outward attention to other people and to the many other beings, objects, and foods that are supportive. There is a subtle, compelling irony in this perspective on weight issues: In appreciating the interconnectedness and mutual dependence we have with other beings, we become stronger in overcoming suffering. Hanh and Cheung described it as becoming “solid and stable like an oak tree...not to be blown from side to side by the emotional storm” (Hanh and Cheung, 2010, p. 16). For someone who has metabolic syndrome, there are some disadvantages to this approach as well. In becoming truly mindful, we at first increase our stress because we become more aware of suffering and interconnectedness on a grand scale. The struggles with guilt and shame in the philosopher’s external arguments for weight loss come flooding back all at once, and can result in a feeling of utter helplessness in the face of the world’s problems and unfairness. Becoming stable like the oak tree, in the face of suffering, can seem to be cold and unfeeling at first, and the struggle with one’s own feelings is at the heart of metabolic syndrome.

V. Stopping the Cycle: Uncomfortably Numb

Few people who have struggled with obesity would deny that emotion (inner) and social (outer) forces are related to why they became overweight, and are reasons why they need to overcome their dependence on overeating. Feeling full as often as possible is pleasant because it is numbing. The inner feelings that are numbed by overeating are replaced by a constant attempt to become full again. When we are always thinking about how to be full again, we don’t have to think about our problems or ourselves. In not thinking about real life, real world, real connectedness in a mindful way we keep engaging in a chronic, heartbreaking cycle of new

emotions and new desires that mislead us. There is a difference between being numb and being mindful.

We have to learn the art of stopping – stopping our running so that we can be present for and embrace our habit energies of worry, blame, guilt, and fear and calm the strong emotions that dictate us. We have to learn to live fully in the present moment...we have to learn to become mindful (Hanh and Cheung, 2010, p. 16).

Not being numb, and not trying to control feelings and habits, are common themes in philosophical, Christian, and Buddhist approaches to the chronic illness of metabolic syndrome. Each spiritual tradition suggests ways to stop the vicious cycle of weight gain, guilt, shame, and regret, followed by more eating, weight gain, guilt, shame, and regret. In the Christian tradition, people are encouraged to surrender to these feelings and admit powerlessness in their presence. In philosophical traditions, ethical arguments are made to encourage control of these feelings, to make better choices for society, and to meet personal sexual needs. In the Buddhist tradition, individuals are encouraged to accept and embrace their feelings in order to refocus and reorder them in a way that reduces suffering.

Body weight regulation is incredibly complicated, and it involves a constellation of causes that include the biological (inflammation), the psychological (inappropriate understanding and response to hunger cues), and the emotional (seeking a feeling of calm or numbness that is associated with fullness.) For those who have been diagnosed with metabolic syndrome, the implications of each spiritual and philosophical approach are confusing. The philosophical approach addresses issues of self-control, but the physical aspects of weight may be an overwhelming influence on behavior. A 2008 study found that weight loss in adults will not

result in a reduction in the number of fat cells present in the body. (Spalding et al., 2008, p. 785)

The fat cells are replaced through normal cell-life processes, and the overall number of fat cells within the body remains constant. In the documentary film *FAT: What No One Is Telling You* (2007), this consistent number of fat cells leads to the assumption that there will be a constant inner voice begging for more calories, no matter how diligent and disciplined the formerly fat person becomes. The struggle with shame then becomes an unwinnable situation. To the extent that both Buddhist and Christian approaches advise someone struggling with weight loss to give up certain negative emotions (by decreasing suffering in the Buddhist case, and by surrendering to God in the Christian case) the spiritual approaches do have a beneficial recommendation to break the cycle of shame, guilt, and further overeating. On the other hand, surrendering one's power seems to be inherently contradictory if one hopes to gain control over what one eats.

Many eating disorders involve a problematic relationship with control; in the case of anorexia nervosa it takes the form of extreme control over one's eating as a form of defiance when there are many aspects of one's life that are out of one's own control. By overeating, one controls one's feelings by not controlling their eating, using food as a way to "eat one's feelings" rather than expressing anger or their own needs. In the case of Christian perspectives on weight loss, this is related to the "inability to receive help." In the case of Buddhist perspectives on weight loss, this attempt to control emotions leads to suffering, and the ongoing desires to control emotion and eating are what one must transcend to end suffering. For someone already in the grip of metabolic syndrome, the battle to transcend desires for food or desire to control one's feelings, is a battle of life and death.

Every member of my immediate family displays at least one of the indicators of metabolic syndrome (waist measurements above 40 inches for men, above 35 inches for women,

elevated blood glucose, elevated cholesterol, or elevated blood pressure). At the time my mother died of cancer in 1999, she had at least three of the indicators but was not formally diagnosed. In my father's case, he had all indicators, and has had at least three indicators since he had a heart attack and quadruple bypass in 1985, when I was in junior high school. Fat is a constant presence at our family gatherings, and in a family where food is a major part of bonding and spending time together, there is a confusing double message given to the younger members: –Getting in shape is a good thing, and you should,” has a place in the same conversation as, –Make sure you try this,” and –Did you have enough to eat?” The one time in my life that I lost a significant amount of weight was when I went away to college for the first time. I walked all over Northwestern's campus and the town of Evanston, Illinois every day for hours, between class and after class. I made more friends in a few weeks than I had in my entire time in high school. I discovered dancing in clubs in downtown Chicago. I lost 60 pounds from August to November, came home for Thanksgiving, and shocked my family. To this day I am viscerally aware that I hurt my mother's feelings on multiple levels, not only through losing weight, but by establishing a new form of independence and choosing to be different from my family, and have a life of my own. I felt healthy but deeply *disloyal*. By the time my mother died approximately eight years later, after a long and arduous battle with cancer, I had regained all the weight.

This story reflects two influences on weight that are not emphasized enough in all the philosophical, Christian, and Buddhist approaches to weight loss: the role of day-to-day family influences, emotional and habitual; and the role of physical activity on weight loss. For someone with diagnosed metabolic syndrome, physical activity and social/family connection is dramatically important. Three years ago, my father had a serious diabetic episode. He had not been monitoring his blood sugar well and was relying on oral antidiabetic medications, hoping to

delay beginning insulin therapy. One day after Christmas, he did not eat, but continued to take oral Actos and Metformin. His blood glucose fell dramatically, his behavior changed, and we called an ambulance. Fortunately he was in the emergency room before it resulted in a coma. During the resulting hospital stay of three weeks, he came to the attention of a new doctor who convinced him to stop relying on medication, use insulin, and finally accept the habit of checking his blood glucose. He also began walking three times a day, often in a nearby supermarket or mall. He has lost some weight, but the way he looks at it, that isn't really the point. He feels better, of course. But more importantly, he knows he will live to spend more time with his grandchildren. He and his grandchildren need each other and enjoy each other's company. The motivating force of being a grandfather, combined with the willingness to adopt new physical activity, has been incredibly important in his treatment of metabolic syndrome. It is a shame then, that many people suffering from overweight, obesity, and metabolic syndrome often do have to deal with social rejection. The social connections and the physical activity habits make a great deal of difference to the patient seeking a spiritual or philosophical understanding of weight.

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¹ Questions about how parents handle overweight children are an increasingly complex issue, especially in the United States, where a variety of policies to monitor overweight children are now in place. This question of whether parents could have done something or perhaps did not have the time or energy to stop a child’s weight problem is also perhaps one of the most emotionally charged issues for people who are overweight.

² This association between erotic love (specifically the outward signs of sexual response, lust, and physical drives), and weight (as the outward sign of hunger drives controlling one’s will), is a recurring theme in much of the Christian approaches to weight loss. The association can be overt or more subtle and subconscious. For example, in Matthew Anderson’s *The Prayer Diet*, excess weight is described as a –path to self-love.” Note that Watson’s secular philosophical argument for weight loss involves a similar dynamic in trading food desire for sexual desire.