

Coping with the Stress of Obesity

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Abstract

Coping with chronic disease, such as obesity, is central to effective management. Coping skills enhancement, therefore, should be made part of obesity therapy. The AEIOU model, coupled with the five Bad Bs and five Positive Ps, allows health care professionals to integrate coping skills enhancement in routine care. Analysis and elimination of negative coping mechanisms, initiation and integration of positive skills, ongoing observation and use of opportunities for optimization, and upgradation of one's understanding, allow enhancement of coping skills. This should be considered standard of care in all obesity management programmes.

Keywords: Motivation, motivational therapeutics, obesity, person centred care, psychosocial

DOI: <https://doi.org/10.47391/JPMA.25-55>

Introduction

Life with chronic disease, such as obesity, presents multiple challenges, and creates multiple concerns.¹ Robust and resilient coping skills are required to handle these challenges and concerns. The continual demands, and occasional disappointments, that are as part of life with chronic disease, also require strong coping styles. We use a previously published coping skills models (AEIOU)² to create a simple self-help guide for persons coping with obesity. This framework can be used by all individuals, irrespective of the type of challenges they face.

Coping Skills Enhancement

Though many persons living with obesity do face mental health challenges, not all need professional support for mental health. The American Psychological Association defines coping skills training as "therapy or educational interventions to increase an individual's ability to manage a variety of often uncomfortable or anxiety-provoking

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situations".³

Coping is a part of the journey of life, and of life with obesity. This will especially be required during initiation and intensification of treatment, Coping is also needed to overcome blocks and setbacks in management, and handle unexpected complications or comorbidities. It will be needed as part of intensive behavioural therapy, so as to ensure continued motivation, and also as an intervention in its own.

Coping skills enhancement can be offered by the primary obesity care provider, as part of standard medical care, to all persons living with obesity. Health care professionals who manage obesity, and other chronic disease,^{4,5} must be trained in coping skills enhancement.

The AEIOU Model

The AEIOU model (Table), with its five Bad Bs and five Positive Ps, is a way of ensuring this in an effective, and efficient manner. This enjoins the health care provider to Analyze the individual's coping style, Eliminate negative coping mechanisms, Internalize positive coping, Observe and find opportunities for improvement on an ongoing basis, and constantly Upgrade one's coping style.

The Bad Bs

Negative coping mechanisms can be listed as the 5 Bad Bs: Blinding oneself [denial], extremely Bad thoughts [such as suicidal thoughts], pervasive Bad thoughts [24 hours a day], Blaming oneself, and Blaming others. Such coping responses and dysfunctional, as they prevent one from finding and adopting solutions to tackle problems. This list can be shortened to list three Bad Bs: self-Blinding, Bad thoughts and Blaming oneself/others/circumstances.

The Positive Ps

The first step towards coping with challenges is to accept one's situation. This is termed as Pragmatic acceptance. Once reality is accepted, one can move on to resolve the issue at hand. This can be facilitated by encouraging Pleasant thoughts, listing Positive spin-offs of the situation [maximizing positivity], Putting in perspective [Minimizing negativity], and focussing on Proactive planning. These 5 Ps can further be condensed in three phrases: Pragmatic acceptance, Placing positives and negatives in perspective, and Proactive planning.

Table: AEIOU Model of Coping Skills Enhancement.

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|---|
| Analyze current coping style |
| <ul style="list-style-type: none"> • Identify negative and positive <ul style="list-style-type: none"> ▪ Thoughts ▪ Words ▪ Actions • Find context, coexistence and causality in one's choices and consequence |
| Eliminate negative coping skills (The five Bs) |
| <ul style="list-style-type: none"> ▪ Blinding oneself/Denial <ul style="list-style-type: none"> o e.g., "my weighing machine is inaccurate" ▪ Bad thoughts, extreme <ul style="list-style-type: none"> o e.g., "obesity will kill me" ▪ Bad thoughts, pervasive <ul style="list-style-type: none"> o e.g., thinking about food 24 hours a day ▪ Blaming oneself/rumination/self-flagellation <ul style="list-style-type: none"> o e.g., "it's all my fault that I ate the ice cream" ▪ Blaming others <ul style="list-style-type: none"> o e.g., "my neighbour cast a spell on me, so I couldn't resist the sweets" |
| Internalize positive coping skills (The five Ps) |
| <ul style="list-style-type: none"> • Pragmatic acceptance <ul style="list-style-type: none"> o e.g., "overweight is a part of my life" • Putting in perspective [minimize negativity] <ul style="list-style-type: none"> o e.g., "taking medicines is just one aspect of my life, not my entire life" • Pleasant thoughts <ul style="list-style-type: none"> o e.g., "let's go for a walk" • Positive spin offs [maximize positivity] <ul style="list-style-type: none"> o e.g., "it's so much fun at the gym: you get to make new friends." • Positive planning <ul style="list-style-type: none"> o e.g., "I'll buy a new treadmill" |
| Observe on ongoing basis, and Opportunities for improvement |
| <ul style="list-style-type: none"> • Keep monitoring coping style <ul style="list-style-type: none"> o Keep monitoring biophysical health, e.g., weight, metabolic parameters • Involve baro buddies [friends] |
| Upgrade and modify coping as per requirement |
| <ul style="list-style-type: none"> • Learn methods of appetite control • Find motivators for exercise • Be in regular touch with your doctor |

Therapeutic Setbacks

There will always be ups and downs in chronic disease management. Feeling dejected or depressed after dietary indiscretion, or lack of adherence to exercise, is a normal reaction.⁶ However, extreme or pervasive thoughts of unwanted outcomes must be checked. Encouraging thoughts, coupled with empathic speech, ensure adoption of healthy behaviours. This in turn, facilitates efficient achievement of therapeutic targets.

"I will never respond to therapy"; "The treatment is worse than the disease"; and "I am sure I will get side effects" are negative ways of responding to setbacks that may occur during treatment. Positive thoughts such as *"Tomorrow is another sunrise, tomorrow is another day"; "Let's go cycling and have some fun,"; "I need to try my best; rewards will automatically come,"* or *"Rome was not built in a day. Similarly, my weight won't go down in weeks"* must be introduced.

Summary

Living with obesity is a lifelong challenge. Coping skills enhancement, therefore, is a lifelong process. Continued and concerted efforts at maintaining discipline, and coping with stress, are essential for healthy management of obesity. The AEIOU model can easily be used for coping skills enhancement in persons living with obesity and their caregivers. The list of negative and positive coping mechanisms, worded in three or five 'bad Bs' and 'positive Ps', allows easy identification and addressal of barriers to coping. It allows facilitates prioritization of remedial coping methods for an individual.

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