



## **Why the Stories We Carry Influence our Eating Behaviors with Dr. David Wiss, PHD (ep – 76)**

[00:00:00] **Dr. David Wiss** If someone has a lot of early life trauma, they have a lot of early life immune activation, and they are self-medicating with food, the likelihood of that leading into midlife or later life depression is high. And it doesn't necessarily mean that it's a serotonin problem.

[00:00:18] **Dr. Ginger Hultin** What if our eating patterns were not simply a matter of willpower or education, but a reflection of the lives we've lived, the stories, stressors, and even the trauma we carry with us. Our mental health and eating patterns have a distinct relationship. And although this may seem daunting to try and understand, the result could urge us to live our lives with a little more empathy. In today's episode, I'm joined by Dr. David Wiss, a registered dietitian with a PhD from UCLA, whose work explores how trauma, stress, and addiction intersect with our eating patterns. Together, we unpacked how mental health can inform our relationship with food and how understanding someone's history can shape the way we support healing. Our conversation offers a compassionate lens on eating, behavior, and healing. And I hope it invites you to better understand the deeper roots of our habits and how we might begin to rewrite them. Welcome back to Dr. Ginger's Plate. I wanted to share one of my favorite low-effort, high reward meals, especially for those tough weeks when motivation is low. It or gains twice baked sweet potatoes. They're packed with fiber, plant-based protein, and healthy fats, making them a grounding, mood-friendly option that you can prep ahead and enjoy all week. Plus, they're really straightforward to throw together. This stuffed sweet potato recipe has a savory sweet filling made from baked sweet potatoes, caramelized onion, a little maple syrup, almond milk, protein powder, and goat cheese. You just mash up the filling, spoon it back into the skins, top with some spiced chopped nuts, and bake them again. Finish it all off with a balsamic maple drizzle for extra flavor. And to grab this recipe, I dropped it in the show notes for you. Welcome, Dr. Wiss. One thing that I know you've explored is trauma and early life stress and how that actually shapes eating patterns. So, can you tell me about the research that you've done here?

[00:02:24] **Dr. David Wiss** Yes, of course, we have a lot of language there, stress, trauma, adversity, right? I think a lot of the literature use the term early life stress or early life adversity. I did some work on these exposures really in the first 18 years of life and look at how those cluster and accumulate to increase risk for a wide range of health outcomes. And I think the most well-established outcome is addictive disorders. The link sometimes is fivefold, even tenfold in some studies. And so that is foundational for understanding how trauma can affect eating and relationship with food. We know that trauma and adversity is linked to almost every health outcome. But when we think about the link between trauma and addiction, there are several ways to think about it. In biological sciences, we tend to look at how this adversity can quote unquote get underneath the skin and change one's biology. And I think it's probably safe to say that in the trauma addiction connection, there are a lot of social factors that predispose one to more addictive disorders. So I became interested in the trauma addiction link and then thought a lot about how this can translate to addiction with other substances. And that's been a big area of focus for me, the concept of ultra processed food addiction. And obviously quite controversial, particularly in the eating disorder community. And so thinking about how does early life adversity set someone up for substance seeking behavior? In this case, we're talking about food and how food can be used to self-medicate and to reduce negative affect, and how that can even contribute to body image issues, disordered eating. We can't undo adversity in the first 18 years of life. So it's like we identify these exposures, but the real question is how do we help people?

[00:04:27] **Dr. Ginger Hultin** Yeah, it's so interesting and I feel like it's not talked about enough. For my patients, I sort of let them lead the way. If they're saying I have a food addiction, if they're saying I'm addicted to processed foods or sugar, personally, I roll with it and I'll use that language and help them work through it. Other folks don't see it that way. I mean, is it a spectrum like that? Or how do you approach?

[00:04:48] **Dr. David Wiss** Yeah, thank you for that. A lot of people have binary ways of thinking and say, someone, you either have it or you don't. But when you think of mental health conditions on a continuum and a spectrum, that's why I use terms like addiction, like eating, substance seeking behavior, or I like the term hedonic eating, right, being more pleasure based and to think about it more as using food to alter one's neurochemistry. And of course, there's a lot of people that think they have food addictions or sugar addictions and might not. They might just have restrictive tendencies or body image issues. And clinician will be able to look at an entire life course history, psychological and psychiatric profiles to determine what is likely and most importantly, what's going to help this person.

[00:05:35] **Dr. Ginger Hultin** I am interested if we can go into the details of some very common mental health disorders, call it depression, anxiety, ADHD, attention deficit, hyperactivity disorder, and what that looks like on the disordered eating spectrum and how is that presenting food-wise?

[00:05:52] **Dr. David Wiss** Yes. So one of the biggest discoveries has been this idea that there are multiple phenotypes of depression and depressive disorders. There has been a long-standing assumption that depression was simply a serotonin issue. And I think that narrative probably has been dominated by the pharmaceutical industry in order to get anyone who meets criteria for depression on a SSRI or SNRI. And the data that we have suggests that a lot of people don't get better on those medications. And in some cases, people get worse. And it's not to say that these aren't life changing, life saving medications. It's just that everyone with depression tended to get lumped into that single box. When we think about other biological phenotypes of depression, the one that's popped the most is the inflammatory phenotype. This is the person that has just baseline higher inflammatory markers, their immune system has become dysregulated, and they are dealing with some of their systems being off. And the area that I've taken the most interest in is inflammation that we know often starts at the level of the gut and can travel throughout the periphery, cross the blood brain barrier, and lead to neuroinflammation. And it's pretty safe to say that a lot of folks who have depression have higher levels of inflammation. It's harder to say that the inflammation is driving the depression. It can be a bi-directional process. But coming back to trauma, if someone has a lot of early life trauma, they have a lot of early life immune activation and they are sort of self-medicating with food, the likelihood of that leading into midlife or later life depression is high. And it doesn't necessarily mean that it's a serotonin problem. It could be, but there could be a lot of other factors as well. So that's the challenge in thinking about depression is nuancing it, discerning between the different types and really running some experiments with different interventions. So, for example, if someone didn't get better on a SSRI, that points to the possibility that they might be more responsive to an anti-inflammatory dietary approach. So there's a lot of other mechanisms there. I'll move on to anxiety. I think one of the bigger findings with anxiety has to do with gut bacteria. There's been efforts to identify particular strains. Anxiety is responsive to nutrition intervention, but the data suggests that you know the depression story is a little bit more clear because we have more longitudinal data, perspective studies that suggest people that change the way they're eating can leave the depression category over time. And people that eat a lot of ultra-processed foods low in fiber, low in nutrients, tend to develop incident depression a bit more. So, yes, anxiety and depression do cluster and co-occur. But I think there's a lot of promise, but anxiety is a broad term. We have generalized anxiety, and then we have more specific anxiety. So

a lot of people need multi-layered support, not just nutrition interventions, but psychological interventions and social support and being able to connect the dots between their biology, their thinking patterns, and their social context. And ADHD is super fascinating because it often develops earlier in life. And there's been great interest in the idea that some of the food additives in the food supply can be contributors. There's a lot of attention with ultra-processed foods and food dyes, colors, etc. It's not super convincing in terms of the literature. But there are quite a few parents and moms that have reported when they are able to change their child's eating pattern, they notice significant improvements in their symptoms. So that's a part of evidence-based medicine that we can't ignore. But I think the overarching summary of all of them is that when people eat a lot of food that's low in nutrients and high in inflammatory compounds, low in fiber, it tends to be disruptive of the gut brain axis. And when people can move toward colorful produce, high in polyphenols, a wide range of fibers, good quality protein, that mental health does tend to improve. We both know that those types of changes are challenging, particularly for the youth. So we have to be realistic. But I would argue that some of the major challenges with these very delicious and palatable foods, particularly ones that we feed to children, it sets up an expectancy for a certain way. Addiction literature, we call this reward expectancy. Someone is expecting a specific dopamine response from food. And if it doesn't give that neurochemical reward, it tends to become aversive. Right. So this is really the link between food and neuroscience that people need to think more about is how food can be rewarding, how the brain learns to assign value to food based on the dopamine response. And some people are going to be more susceptible to this than others. People that are already predisposed to addictive tendencies or impulsivity or have those trauma exposures are going to be more likely to assign more value to palatable foods because it does something significant to reduce negative affect. And that's really a good way to think about addictive like eating. It's basically using food to alter neurochemistry in a way that makes life feel more manageable. That's the real hidden legacy of trauma. People are moving through life detecting threats and detecting unsafety when they might actually be in a safe environment.

[00:11:59] **Dr. Ginger Hultin** Is what you're talking about here with the potential food addiction, like let's say you're eating apple flavored breakfast cereal versus an apple. If you eat the apple, you're not going to get the same hit of carbohydrates and sugar. It's not as palatable and you're not getting as much reward from that. Is that an example?

[00:12:15] **Dr. David Wiss** Yeah, it's a perfect example. And I think it's probably safe to say that the manufacturers of the apple flavored cereal took their products through a lot of testing to make sure that the blood sugar response was favorable to the brain, that the flavor profile. And so one of the major

arguments against food addiction is that okay, well, what's the actual vector? Is it the sugar, right? Is it the added fats? And this is a food industry narrative to combat the research we're doing, but it really is a combination of all the things. It's when food gets combined in a strategic way to elicit a neurochemical response that's going to make someone want it more. And everyone has unique neurochemistry. Some people are more responsive to salty, savory, starchy. Some people really like the more sweet effect. But most people like a combination of all the things. And I always like to say if you took a bowl of sugar and you put it on the table and a bowl of flour and a bowl of butter, none of it would be that exciting to most people. But if you combine them and you stuck them in the oven for 20 minutes, you're going to get something that most people's brains will respond favorably to. So it is the combination of factors that go into the food production that are really designed to maximize profit, oftentimes at the expense of public health.

[00:13:38] **Dr. Ginger Hultin** One thing I like about what you're saying is yes, we can experiment with maybe taking some foods out and replacing foods, but the big focus that I'm hearing is we need to have more fiber. We need to have more antioxidants and from fruits and veggies. So many people coming to me want to take everything out, but it sounds like eating more fiber and plants is actually a really great way to start with any of these.

[00:13:58] **Dr. David Wiss** I think you hit it on the nose, which is that the real problem with a diet that's high in sugar is that it's likely to be low in fiber. It's likely to be low in the spectrum of polyphenolic compounds. However, there are people that do make the argument, and it's valid that it's easier to eat none than to make it 10 or 20 percent of the diet. People that don't have impulsivity or don't have addictive disorders always get a little frustrated with that. It's like, why can't you just have a cupcake at the birthday? And I agree with that. But I also know that there's some people that would say it's easier not to because I don't think about it. It removes that from the table. There's definitely an argument that that could be disordered. Some people would say you're being restrictive. Other people were saying, no, I'm taking care of myself. I'm working on personal development. I want to show up for the birthday, right? So there's just a real mixed bag here. And I've always argued that when people take a strong point of view on either side and superimpose that onto their patients or onto the population as a whole, it's when people feel marginalized.

[00:15:04] **Dr. Ginger Hultin** What if one ingredient could help support both your muscles and your mind? Meet Orgain's Creatine Monohydrate, a supplement that does a lot more than you might think. It maintains intracellular levels of ATP. That's a molecule that stores and provides energy for cells. And that helps improve muscle size, strength, power, and recovery from strength

training or high intensity activity. Find it at [Orgain.com](https://www.orgain.com). And I'd like to talk about a condition like IBS, like these physical conditions that have such a strong mental health aspect.

[00:15:41] **Dr. David Wiss** I think it's safe to say that there's still a lot that we don't know about the bi-directional communication. But it is important to recognize that a lot of times things start in the brain, if you think about the release of cortisol. But how some of that can actually end up being fed back to the brain as a signal and actually can lead to genetic changes in in epigenetic changes in the way that things are expressed. And going back to trauma, if someone has had a lot of stress in their life and they're overactivated producing cortisol, it's going to have impacts on blood sugar, inflammation, etc. And then the gut environment, the other systems in the biology are going to start to detect these things and it's going to lead back to the brain. And we still have a lot of work to do. We obviously know the immune systems involved. We obviously know gut bacteria and postbiotics are involved. We obviously know that the vagus nerve is picking up on signals and sending them back. I'm here anxiously waiting the next bit of information and always careful not to take single studies and draw too firm of conclusions and look at the totality of the literature.

[00:16:59] **Dr. Ginger Hultin** I'd love to hear your explanation of what burnout is and how you deal with somebody that's struggling with eating, living in a burnt out state or having a lot of emotional eating.

[00:17:08] **Dr. David Wiss** I like the term emotional eating because it covers the whole spectrum. There are people that lack the motivation to choose convenience foods or eat foods that are comforting based on their upbringing. Coming back to the depression and nutrition link, I think it's probably safe to say that while we know that poor nutrition is a risk factor for the development of mental health outcomes. A lot of times when people are depressed, burnt out, having difficult times in life, it does lend itself to low effort eating, convenience eating. And, you know, one could argue that during tricky transitional times, to give yourself a little bit of grace and do what you got to do to get through challenges makes a lot of sense. And the other argument is no, the quicker you can get into wellness or do some testing, get on a protocol, get some sunlight, right? Start drinking your water every day, the sooner we can sort of get out of this mess. But people do tend to get frustrated when they're in that fatigued spot and doing crises management, as we talked about. And that's when I think nutrition shouldn't be oversold as like, yeah, we need to think about the entire context of one's life. One of my favorite lines is it's not what you're eating, but what's eating you.

[00:18:32] **Dr. Ginger Hultin** If this conversation helped a listener connect the dots between their food habits and their personal history and where they're at now, what is the first practical step someone could take to start to unravel that and explore the emotional roots and their eating patterns?

[00:18:47] **Dr. David Wiss** I believe that health should be about looking forward rather than looking back. But there is value in taking a look at what are some old ideas you have about food, about body? What are some barriers that might prevent someone from moving forward? If someone had a lot of anxiety in the kitchen growing up and their parents were fighting a lot in the kitchen, and they, you know, learned that it wasn't a safe place, and now they're coming to see a nutritionist, and the nutritionist is just pushing them in the kitchen and it feels hard. And then they're going to want to quit. Those are important details that would be good to know.

[00:19:27] **Dr. Ginger Hultin** That was such a powerful look into how our relationship with food is shaped long before adulthood. Dr. Wiss brought so much depth to the conversation, from explaining the trauma addiction connection to challenging the binary way we often talk about food. If this episode resonated with you, stay tuned. Next time, we'll explore how added sugar in the diet impacts mental health and why the calorie model might be ready for retirement.

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