# Being Overweight – More Than Just a Dietary Problem

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*The aim of this document is to explore some of the issues facing the troubled overeater who has failed to achieve their desired weight despite following. As a therapist who has worked with numerous unhappy overweight people, I know that losing weight can be more difficult than simply "going on a diet." There are often greater psychological issues underlying the problem. Here's an exploration of just some of them:*

## Introduction

**Medically speaking, obesity is considered to be the excessive storage of fat within the body. "Excessive" is determined to be 20% or more above what is considered normal for a person of that age and height. Current estimates suggest that about a full one third of the American population are obese and nearly 15% of children in the UK are also considered dangerously obese.**

*It is becoming a big problem.*

With the increasing number of children categorised as either overweight or morbidly obese, there is an increase in reference to a health "time bomb" waiting just round the corner with a significant risk of an increase in weight related disorders such as diabetes, cardiovascular disease, high blood pressure and possibly cancers.

With obesity increasing and the national health declining, diet and dieting issues becoming a popular media issue. We are also seeing an increase in anxiety relating to foods and eating along with a steady rise in eating related disorders amongst not only young people but also increasingly older people too.

This in turn drives media reporting about body image issues, anorexia and eating disorders to further propel the cultural obsessions with food and also to further increase confusion amongst the vulnerable.

**By the time a person with an overeating issue reports for psychotherapy they have usually explored every other popular avenue for gaining control over their weight and diet – and usually failed. The overeater is easily influenced and many businesses are vying over the fat and desperate to encourage them to part with their hard earned cash in their desperate bid for gravitational salvation.**

The "*outer game*" of weight loss is usually known by these clients (as opposed to the fat and uneducated that populate the popular TV shows on the subject) and they are usually already well aware of the simple equation of "*eat less, move more*"; they already know which foods they really should and shouldn't be eating and the exercise they should be undertaking.



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The outer game is well known. What is so hard for some people is the ***inner*** game – how they can organise themselves in such a way that the outer game can occur easily and naturally. The issue is not what to eat, but rather, how to avoid cravings, patterned and unconscious behaviours, compulsions, depression, loneliness and so forth.

*Life can be tough. The problem is not what to eat, but rather how to live easily.*

This report will explore some of the themes common to many overweight clients reporting for psychological help in changing their inner game.

When I first started out as a hypnotherapist, the most common clients that I saw were those who wanted to lose weight and those who wanted to stop smoking. Initially, I was quite overwhelmed by the number of people that wanted my help and so I quickly developed a filtering system to discriminate between those who were seeking what I term simply "cosmetic weight loss" – those who want to lose a bit of weight in order to slip more easily into their bikini - and the morbidly obese who would be unlikely to risk even setting foot on that beach in the first place.

**On the telephone I ask the simple question, "Do I need to fear for my furniture?"**

I quickly began to notice a pattern with these clients in that they tend to be remarkably suggestible and even today continue to be some of the best trance subjects I see. Student hypnotists and those NLP practitioners looking to gain experience in hypnosis would do well to start with morbidly obese clients.

*On this theme, personnel from the armed forces, police and other highly disciplined organisations also tend to make great trance subjects.*

I began a little experiment with a group of 5 obese clients who agreed to help me out with a new approach, although they didn't know what this approach was going to be.

In separate sessions I would quickly hypnotise the clients into a deep and satisfactory trance, leave them for 40 minutes and then wake them up with the suggestion that they would be amnesic for the session. I would also suggest that the work undertaken during trance would continue to *operate deeply at an unconscious level*.

*In actual fact, in between the rapid trance induction, deepening suggestions and waking them up, I did and said nothing at all.*

All 5 of these clients found that the weekly sessions of this nature over a 10 week period all proved to be highly beneficial and as one client put it, "*the weight is just dropping off*" and the clients all reduced down to their desired weight. Follow up later at 6 and 12 months demonstrated that all 5 continued to remain stabilised at their desired weight and that all had found other interesting changes occurring in their lives, including an increased in day to day physical activities rather than sedentary pastimes such as watching television.



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Various reasons for this strange success are possible – not least was the nature of the suggestions and the ambiguities that I was utilising for the trance inductions…such as:

**"…and as you sit in the chair getting even more comfortable… I want you to *feel the weight* of your body in the chair…*really feel that weight*…."**

*(It should be noted that too many overweight people only notice their weight when they are moving, rather than when they are sitting still!)*

As well as:

**"…and the *longer you sit, the heavier you will feel*…and the *longer* you sit, the *heavier* you will feel…you are really heavy now…"**

And another I was using:

**"…and as you *sit heavily* in the chair, you can hear the sound of my voice, and as you notice your body, you can begin to move that body in order to get more comfortable, *move your body in any way possible for you to get a greater sense of comfort in your body by moving it…*"**

The feature that I found interesting was that the sessions I ran amounted to little more than relaxation training, and all these clients reported sleeping so much better. Recent studies by a number of research centres have illustrated the strong correlation between poor sleep patterns and obesity.

The evidence suggests that poor sleep affects a hormone, which in turn creates a disturbance in the regulation of appetite. This can lead to a cycle whereby the issues associated with being overweight can in turn disrupt what might otherwise be a normal sleep pattern.

Studies found that people who regularly slept for just five hours had 15% more of a hormone, which increases feelings of hunger than those who slept for longer periods.

Meanwhile, those who slept for less time were also found to have 15% less leptin, the hormone that actually suppresses appetite.

In light of this research, I now routinely examine the sleep patterns of obese clients and correct any of the insomnia issues that I commonly find.

**Many obese clients talk in terms of feeling addicted to food. For many this may simply be a term of expression, for others it may well be the basic truth.**

Brain imaging studies have demonstrated that the pleasure centres in the brains of cocaine addicts, alcoholics and heroin addicts "light up" when they see or think about their drug of choice. For some this effect will continue to occur even after years of abstinence.

Examining the food addict's "drug of choice" is also important, albeit chips, chocolate, cake or wotnot.



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***The comparison with drug addicts is partially unfair for one simple and unpleasant detail – whilst the heroin addict and cocaine user can abstain from their drug and continue to live, the food addict still has to eat – and food is everywhere.***

I have worked with a number of retired heroin addicts who want to quit smoking tobacco and many report the same thing – that giving up heroin was easy in comparison because they can stay away from heroin but it is hard to just buy a paper without seeing the cartons of drugs neatly lined up behind the counter.

***Ting!*** And deep within the neurology of that tobacco addict the crucial bit of their brain lights right up - completely outside of conscious control!

So, for smokers or *dirty tobacco addicts* as I like to call them, their drug of addiction is everywhere and to a larger degree is also socially acceptable. Although this is a feature that is changing with time as we as a species re-evaluate our societal values in relation to tobacco consumption.

So the food addict has quite a problem – they still *have* to eat – *that* can't be avoided.

Advertising for food products is everywhere and so are the supermarkets, fast food outlets and so on. They all have carefully designed and expensive advertising, free gifts, enhanced flavours, super sized portions, value meals and "happy" meals and so many gustatory delights, all creating that magical ***Ting!*** deep inside the neurology of the food addict.

Advertising is a powerful hypnotic process and we know that obese people are easily suggestible to this form of hypnosis. This is why the food industry spends in excess of **FOUR HUNDRED MILLION POUNDS** per year on advertising in the UK alone and whatever our beliefs may be, **we *are* vulnerable to its power**.

So whilst tackling the nature of the addiction "head on" may well be in order for some clients, some ego strengthening and inoculation against the suggestions to ***eat more*** is probably well within order for all.

In her book, "**The Pleasure Zone**," Dr. Stella Resnick notes a number of gustatory predicates and phrases that are common in everyday language. Various observers have noted this including philosopher George Gurdjief, and healer Moshe Feldenkrais. What Dr. Resnick makes explicit is the observation that these phrases are "***profound metaphors linking how we eat with how we take in and process information***."

For example, a person considered being a good judge of quality maybe said to, "*have a good taste*" or maybe "*expensive tastes*."

Some teachers may complain that some students relay on being "*spoon fed*" information and I cannot help but notice that a flow of information from a news channel on TV is called a "*news feed*."

A person who likes to take in information and then go away and think about it may want to "*chew the idea over*" and certainly wouldn't want the information, "*shoved down his throat*."

People who dwell on things, obsessively thinking about them, may like to "*ruminate*" on those things, a bit like *chewing the cud.* And, whilst we are thinking of cows, when a new idea appears, some people will like to "*milk it*" for all it is worth.

The word "*gullible*" comes from the old English word "gull" which means both *swallow*, and also *a fool.* When we tell an outrageous lie to our boss, we may tell our colleagues, "*I cannot believe he swallowed that*!"

Some keen students demonstrate a "*hunger for knowledge*" whilst others will quickly become "*fed up*" with their course. I heard a young mother once tell her complaining children to stop "*belly aching*" and as a child I was once told by someone that they were "*sick to the back teeth*" of certain aspects of my behaviour.

We say courageous people "*have guts*" and call cowards "*gutless", "yellow bellied*" or even "*lily livered*".

During anxiety someone may say that they have "*butterflies in their stomach*", the office creep may be described as "*nauseating*" or we may say, "*he makes me feel sick with all that creeping around so and so*."

I have noticed that many highly anxious people are quite "*thin with worry*." *Few people experience hunger when their* ***stomach is full of butterflies****.*

**Meanwhile, in working with anorexics, I find that during therapy sessions much of their behaviours are built up around denying new information in much the same way that they deny food.** The anorexic will deny the reality of their skeletal frame as much as they'll deny that cake.

Whilst bulimic patients tend to appear to be overly compliant, actively listening to every word that the therapist says and keen to fit in with the therapists ideals. *Then* much like the bulimic leaving the dinner table to go out to the bathroom, they leave the session and promptly regurgitate the lot.

Newbie therapists easily miss this and far too many naïve therapists are conned in this way by their bulimic clients. I recall my first bulimic client – after the first session I thought – "It can't be this easy, surely?"

It is a pattern to watch for as *they obey, but they do not comply*.

So, we can see that many of the gustatory metaphors give away symbolism for how we feel. But there is more to it than this. Because the location of hunger is usually experienced between the centre of the chest to just below the bellybutton – *in the exact same places that we tend to generate our emotional feelings.* So whilst hunger is not an emotion, we know that hunger does tend to occur in exactly the same places that we feel our emotions. No wonder then that some people get it so confused.

**Consider then the plight of the depressed but insatiable overeater, who in life feels so *empty* and *unfulfilled*. All too often this same thing occurs in their eating strategies and they eat and eat, waiting to feel full and thus, fulfilled. Loneliness may be felt in the gut or surrounding region, but no matter how *well* made that cake is, it is *no substitute for human touch.***

Have you ever met a person who only ever seems happy when they are unhappy? This is the person who will try to provoke a negative response from you or simply return to old conversational haunts that focus on trauma, drama or negativity when nothing is actually going wrong. These crisis and drama conversations flow from them with relish. Emotions are brain chemicals, and brain chemicals are addictive. This pattern of eternal crisis is one of their addictions.

Meanwhile, depressed overeaters tend to operate differently from these people and have themselves trapped by a number of binds. One classic pattern is that they *associate eating with pleasure* and so tend to eat more than necessary. As the weight piles on, they can become quite unhappy – maybe with their body image, maybe regarding their lack of control over their eating. Their sex lives and relationships may suffer, people begin look at them differently, **they may have a fat face** and so as time passes they become less happy.

So: To gain happiness, they eat.

Of course the circle completes as they ***eat more to gain pleasure***, they gain less happiness and so they eat more and so on and on…

I examined familial eating patterns from client's childhoods to look for commonalities. *What I learned was that many families use food as either punishments or rewards.*

A healthy pattern, although a somewhat traumatic experience for both fussy child and exasperated parent seems to the "*you don't get anything to eat until you get your spinach*" – that child soon learns it is wise to just get on and eat their greens and quit the fussing. The strong parent will make them sit there all night if that is what it takes. The weak parent fills with guilt and switches the spinach for ice cream and chips.

*In some troubled clients I found a pattern whereby food was withheld as punishment for something or other. The classic cultural phenomenon of "sending the child to bed without supper" as punishment seems to me to be both archaic and entirely negative in terms of the responses it produces in the child.* Children reared in this environment become excellent thieves and they learn how to hate mother and how to keep this a perfect secret.

From experience this punishment strategy seems to have a heavy correlation to "*food hording*" behaviours where the obsessive overeater has **secret stashes** of chocolate bars under the bed, in the bathroom cabinet, under the kitchen sink and pretty much anywhere they can utilise as a secret stash.

**More commonly though in the history of the depressed overeater is the phenomena where their unhappiness was *rewarded with food*.**

The classic scenario is that the parent identifies that the child is unhappy about something or other and so attempts to cheer the child up with a treat: ice-cream, chips, burger, chocolate bar or whatever.

*This strategy has several unfortunate consequences.*

Firstly, the child is unwittingly rewarded with food for being unhappy. Imagine this scenario – your two year old is denied a chocolate bar and has a tantrum in response to this denial. You immediately give in to the power of the tantrum and hand over the chocolate. This same scenario is repeated a number of times – what has this child brain learned - possibly without having conscious awareness of it?

Conditioning is such that the unhappy child who is rewarded with food will unwittingly and unconsciously learn that to gain food, unhappiness is the requirement.

There is another unfortunate consequence to all this too. When the issues and emotions that the child faces are addressed by food, two things occur. One, the emotional problems that are occurring at the time continue to go unaddressed by both parent and child and two:

## The child's brain *learns* to deal with emotional problems by eating.

*So when this child grows into a troubled adult, emotional problems and issues are dealt with by eating.* As the overweight client may or may not be aware, many emotional and real world problems are ***not*** best resolved by eating too much!!!

So, for many of these clients, teaching and installing effective problem solving skills and resolving underlying emotional issues is often the key to successful resolution of what may be presented as simply "an addiction to food".

Loneliness and self-esteem issues can be very common in troubled overeaters. Of all emotions, ***loneliness is the one that seems to be the hardest for people to admit*** and to confront. The void of loneliness may be filled with endless hours on the settee watching television whilst eating junk foods. **Increasingly with both men and women we are seeing a bottle of wine added into the daily mix.**

What can begin to emerge is yet another viscous circle. The client feels all fat and bloaty and in addition to this their self-esteem can plummet and motivation in all areas begins to dwindle. Thus the motivation, ability and reason to get out and socialise begins to disappear and the *fat-and-miserable* become increasingly immobile and glued to that fridge and settee. Fridges and settees do not judge, nor exert unreasonable expectation. They are safe. They are familiar. They are convenient. And they are…[*fill in your own blank here*]



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It can be hard to go and make friends when you feel ugly, look ugly and have lost the motivation to leave the sofa.

So we can see that the negative eating behaviours are both partly the cause of the loneliness and their untenable position and also occurs partly as a result of it. We need to get the client thinking in different terms and find a motivation that lies in a higher order level of existence.

For many troubled overeaters *many of the solutions lie* in a change of lifestyle – it would be silly to assume that the person can keep everything the same and **just eat less.** We need to do **more** than this.

During the Vietnam War the number of soldiers using opium products on a regular basis was worryingly high. The U.S. government were concerned when the war ended that there would be a steep rise in the number of addicts in America as these soldiers returned home.

What was interesting was that the vast majority returned home and immediately ceased opium use and mostly without any noticeable withdrawal syndromes. It was as if the returning home from a high stress environment such as a war zone in a foreign country carried its own high. We know from research that most addictive behaviours are highly contextual and when changing behaviours it is valuable to add in a contextual to combine this with a significant and lasting change.

***All too often, overweight people loathe who they are and where they are in the world.*** The Vietnam veterans were brought back home. A small change in identity – *who and what you are in the context of your life* – can be enormously helpful.

When organisations want to introduce procedural or cultural change into their organisation two common problems are encountered. The first is the initial resistance to **change** from the staff, and the second is the tendency for staff to revert back to what is most familiar within a number of days.

In order to facilitate what is a *systemic* change within an organisation, it can be enormously beneficial to combine this with another type of change, such as a change in uniform (if uniforms are worn), or a physical reorganisation of the physical workplace such reorganising offices, relocating people to different areas or even just repainting the environment to a noticeably different colour.

In short: <u>In getting people to change it helps to create a change in the environment at the same time.</u>

Another area to examine with overweight clients is that of *criteria*. What I tend to ask is, "How specifically do you know **when to stop** eating?" Whilst I am at it, I'll examine how do they <u>measure hunger</u> – I mean, how do they know <u>*when* to eat</u>?

Now, this may seem fairly obvious but these questions turn up some interesting things.

For example, it is not uncommon for a parent to insist that a child eat everything on his or her plate before they may leave the table. This was certainly common practice when I was a child. But this can be problematic if the portion sizes are inappropriate, or if a parent is uneducated enough to consider a portion of chips, some baked beans and a burger to constitute a "meal".

In adults we often see the same pattern occurring – where the meal size is served proportional to the size of the plate and all food on the plate is eaten irrespective of whether it is wanted or not. So the criteria may be, "*I know when to stop eating because there is no food left on plate*."

I suspect in part that this comes from programming early in life.

It isn't uncommon for children to be told that they should **eat all the food** because there are children starving in Africa who would be grateful for that. Alternatively, children are told **not to eat so much** and be greedy because there are children starving in Africa who would be grateful for that!

These guilt inducing strategies, or the *giving of food as a reward* (such as, ***if*** you behave ***then*** you can have an ice cream) all serve to add in different emotional dimensions to what is essentially a basic and *very simple* life supporting behaviour, i.e. eating healthy food.

So where we have a person who eats until there is nothing left, part of the strategy may be to leave these established criteria in place and to make the correction not where the person ceases eating, but rather on how the person *prepares* themselves and *their food* for eating.

At the more problematic end of the overeating spectrum, we may find the person who eats until they feel "full" or is physically unable to fit anything more in. *This is their only measure of when to stop eating.*

With this type of client I want to know what happens if they don't achieve this fullness, or are prevented from doing so. **Typically there will be a level of anxiety or fear** in relation to this. And so, as with other problematic overeaters, their beliefs and emotional responses and reactions to temporary food deprivation are well worth examining.

For some overeaters, "going without" or experiencing temporary *deprivation* triggers a significant emotional response. Although this often goes unrecognised by the client until it is pointed out. In part, this may stem from the conditioning in early life particular where withholding food was used as either punishment or as motivation or for some other emotional and behavioural manipulation.

As well as the withholding of food as a *punishment* we can find that the use of food as a *motivator* can fall into two distinct categories. This can be in the form of, "If you tidy your bedroom then you can have an ice-cream," where the food is a positive reward, or we have the contrasting: "If you *don't* tidy your room, the you *won't* get an ice cream." In this instance, the ice cream is still given technically as a reward for

tidying the bedroom, but the strategy is phrased as a negative, i.e. "If you do not to this activity, then you will not get the reward."

What gets interesting is just what emotions hunger throws up for unhappy overeaters such as feelings of lack, deprivation, loss, fear, anxiety, urgency and so forth. Often a therapeutic manoeuvre of a *kinaesthetic timeline search* can locate the trigger experiences for these negative emotions and quickly eradicate them.

## Remember: hunger is not an emotion, but it does tend to occur in the places that we feel our emotions.

I remember well one particular client who for all intents and purposes was bright, happy and in a stable marriage – *she exercised as much as she could*. She appeared to live on salads and yet had a girth that would frighten nervous children and small dogs. We explored various strategies and values that she held and I drew a blank – I was puzzled as to how she managed to maintain a weight in excess of 24 stone. It takes considerable effort to maintain such a weight.

"***Now close your eyes, deeply, and tell me what is <u>really</u> going on…NOW!***" I commanded and she blinked, blushed and then put her head in her hands and said, "*I cannot tell, I'm so embarrassed!*"

*"Embarrassment be damned*," I told her, "*<u>just tell me now</u> or I'm getting the rope*!"

And so she told me….that she ate a tub of margarine a day. Sometimes spread thickly on bread, sometimes she just ate it with a spoon.

"Arrgghh…what did you tell me that for!" I joked with her trying to abate my **nausea.**

"*Dare I ask why you do this*?" I ventured, hoping for a reason.

*She told me that if she lost weight she believed that her husband would leave her.*

Early in their courtship period, being young and attractive and rather highly sexed her *husband-to-be* told her categorically that if she were ever to be unfaithful, he would leave her immediately. Knowing herself well, this understandably concerned her a little bit.

So by being so fat she had effectively rendered herself unattractive to other men, and thus, her temptation to stray from her marriage was immobilised.

**We could summarise her situation as being: "I eat lard so I won't be unfaithful"**

What was interesting was that her strategy wasn't an entirely conscious activity and it seemed to surprise her as much as it did me. It appeared that her motives for being so overweight and lard eating behaviours both occurred, as with many problem behaviours, in a trance like state.

A few years ago, I tried an experiment…I booked a venue for a one-day weight loss seminar on a day when there would be no refreshments or catering facilities available, and no nearby restaurants or shops. These seminars tend to attract people from both the client groups and trainee therapists.

Essentially what I set up was an all day situation whereby food and drink would not be readily available.

*I made this clear in the advertising and at the point of payment. I advised all attendees that they would need to bring their own packed lunch and drinks.*

And interestingly what I predicted would happen happened. At the beginning of the seminar I asked for a show of hands for who had brought lunch *or* food and drink generally – as predicted *only* the people in the room without weight issues raised their hands.

A quick survey and discussion with those participants who had arrived without lunch lunch demonstrated that each overweight person in the room had failed to plan to avoid hunger. The strategy can be summarised by, "*we thought we'd worry about it when we got hungry.*"

Consistently, I find with overweight overeaters is that they have a tendency to *react to hunger*, rather than plan to avoid it.

I can give you two examples of what I mean here. Firstly, imagine the following scenario…a brain surgeon is about perform an 8-hour brain operation upon you, he apologies that he is running a bit late, as he seems to be so busy these days. He also tells you that he didn't have time for a proper breakfast, he just had two slices of toast and a mug of coffee. **How high will your confidence be in the surgeon's abilities?**

*Do you trust your life to the guy who doesn't organise himself effectively to have time to eat breakfast?*

## The other easy analogy is that you put fuel in the car *before* you embark on the long journey, *not afterwards*!

Curious then that we tend to focus on having a light breakfast to start our day and that we end it with our main meal, and *then* go to bed – the time our bodies need a large amount of fuel on board the least!

This being said, having some nutritious food in the evening *is* important, as the body needs some form of replenishment overnight.

Through spending long periods of time in India I adopted a practice of eating a main meal in the morning for breakfast, a light lunch and often just a bowl of cereal or light meal in the evening. I find it curious that in the UK people tend to think of a cooked or *proper breakfast* to only consist of items such as *bacon, eggs, fried bread and beans*, rather than lean meats, potatoes and vegetables, fruits and nuts.

**Personally, I found this shift in eating patterns meant that my chronic stomach disorders, mostly gastric reflux and indigestion disappeared, my energy levels rose and my concentration improved tremendously.**

The most common reasons people give for not being able to make this shift are, 1. *They don't have time* and 2. It would mean that they have *nothing to look forward to* at the end of their working day.

In coaching such clients, this gives therapists other areas to examine; you can look at how they organise their lives to not have available time in the morning to start their day effectively and also how they build pleasure into their lives.

Now this failure to *plan to avoid hunger* is a common strategy.

Stanley Schachter, the brilliant American psychologist, closely examined the eating behaviours of overweight people and animals and noticed some other interesting patterns. For example, from animal experiments it was noticed that food deprived rats would become very finicky about the foods they would eat when different food types were again made available to them. They tend to gorge themselves only on food that has a high flavour value to it and the less palatable foods were usually ignored. The other interesting feature is that these rats tend to go only for the food that is most immediately available to them. In human terms, the rats went for the packets of crisps/chips, pizzas and biscuits rather than leak soup and baked potatoes.

He found that people tend to follow the same patterns. In Schachter's experiments he organised a situation where milkshakes were available. As predicted, overweight people tended to consume more milkshake by volume than the people of normal weight. However, when Schachter organised a repeat scenario, but supplied milkshakes that were slightly adulterated with quinine to give a slightly off-taste, he found that the overweight people actually consumed significantly *less* milkshake by volume than the people of normal weight.

A similar scenario involved people in an environment whereby shelled peanuts were readily available. Again, as predicted the overweight people ate more peanuts by volume than the people of normal weight. However, when the situation was repeated with *unshelled* peanuts, again, those people who were overweight ate significantly *less* than the normal people.

Schachter's experiments supported the animal experiments and we find these two patterns common in problem overeaters; they are driven by tastes and flavours AND immediacy when it comes to availability.

These patterns help us understand further the problems facing so many overeaters and overweight people. Food manufacturers know this research well and so produce food-like products ("ready meals") that are high in flavours and have immediate availability.

This pattern is demonstrated brilliantly by the low fat "ready meal" phenomena. I am sure you have noticed the supermarket shelves that are packed full with pre-packaged products aimed at the person trying to lose weight. What these consumers tend to miss is that most of the normally sized people are in the other aisles buying buy the healthy food that takes time to prepare.

Regarding these clients decision strategies, they have in common the same immediacy issue that faces alcoholics, drug addicts, speed freaks and other people undergoing cravings – *they see it and simply must have it*. Their motivation strategy often reflects a direct visual stimulus to kinaesthetic response strategy, and decisions are made based on slides rather than movies.

(*To explain what I mean here*) The person will see the cake and feel motivation to eat it. That is the motivation strategy.

The decision strategy is based from a single *still* slide, or still mental image of the cake, or comparison with other cakes. Again all in motionless picture form.

At seminars, I get the participants to go out to the supermarkets and return with the food that drives their biggest craving. Almost invariably this will be some pre-packaged, high flavour, high fat junk food, such as crisps, biscuits or chocolate cake and such like.

*I get to go home after all these seminars over laden with goodies! Great!*

I will have the participant look at it and encourage them to get the craving up to a full maximum. At this point, I'll ask them to close their eyes and focus on the image they have of the cake, or whatever it is, and imagine taking a bite, *just one at first*…and then another…**and another**. I have them imagine eating the entire thing until they have finished and then another one.

I then ask how they feel and almost always the response comes back that they no longer want the cake or that they feel sick, full, guilty or whatever it is they usually feel *after* they've gorged themselves.

I will get them to run the movie further on in time so that they see themselves the next day on the scales, feeling guilty about having eaten the cake and so on.

**With a number of repetitions this becomes a pattern and so instead of waiting to eat the entire cake before feeling the regret, remorse or guilt or whatever it is, instead they can get to feel it *before* they eat the cake. This is a very effective way of dealing with such impulsive behaviours.**

Now by the time the overweight person seeks psychotherapy to overcome their problems they are usually desperate to try *anything* that works. They will often have tried every diet pattern/fad, taken herbal remedies, tried acupuncture, had colonic irrigation and taken their life in their hands with ear candling or whatever it is. The level of desperation can be really very high.

In fact, many troubled overeaters will do just about *anything to get away* from their weight issues. And herein lies the rub; they will do anything to *move a w a y from* their issues. In terms of NLP meta-programs, many of the things the client will try will tend to have an "away from" value and there will tend to be a lack of any realistic "towards" goals. They know what they don't want but they rarely really understand what it is that they *do* want.

The motivation tends to be, "*I don't want to be fat*" and the emotional value attributed to the motivation is often, "I *hate* being like this" or some other such negative value.

So the strategy for change itself tends to produce a powerfully negative state.

Hardly surprising then that so much negative effort is required to stick to any plan of change, and with all that bad feeling floating about, no wonder the person will opt to go and cheer themselves up with some fizzy drink, some cake and a gorgeous plate of chips.

Put under a bit of pressure, the overweight client will often utter a "towards" value – or at least, a value that sounds like a towards value. They will say something like, "I want to look and weigh what I did when I was 27 years old", or "I want to be as I was on my wedding day", or whatever.

The "towards" value, or goal, is invariably historically based.

When you examine an obese client's timeline and the positioning of their goal, invariably you will find their goal is located firmly in their past. Ask, "how is it possible to move towards something that is based in your *past*?"

**So in building goals, it is important to note exactly where their goals are in terms of time coding. Their outcome is *not* to return to three years ago, but rather how they will look, feel and *be* in three years from now…*in the future*!**

When working with the classic yo-yo dieter - the person who is continually losing weight, then putting it back on again, losing weight and putting it back on again - we find some classic patterns. For starters, their "away from" motivation value is built upon a negative feeling regarding their weight. Thus, the higher the weight then the more motivated they will feel to lose it. The problem with this is of course that as they lose the weight then they begin to lose the motivation and so tend to break the dieting and resume their problematic eating behaviours.

Naturally their weight once again increases.

And so, when they reach the threshold in their strategy – the point that meets the criteria to trigger the "away from" strategy for losing weight - they once again resume a dieting strategy to lose weight and once again begin to lose both the weight and the motivation to do so.

A similar pattern occurs with other habitual behaviours such as alcoholism, gambling, smoking etc.

The situation can be summarised by the situation facing the alcoholic who is desperate to quit drinking alcohol; when he is drunk, he wishes he could stop drinking, but when he is sober….*all he wants is another drink.*

The overweight yo-yo dieter has the same pattern. When they feel fat, they wish they could lose weight, and when they lose weight then all they want is another cake.

**As if this situation wasn't bad enough for the yo-yo dieter, there is another problem that occurs with this strategy; repeated exposure to the stress that triggers the dieting strategy creates a kind of systematic desensitisation. Essentially, repeated exposure over time begins to alter the threshold and so over time it takes a greater stimulus to fire off the strategy.**

What this means is that over time the yo-yo dieter will need to put on a little more weight each time in order to trigger the motivation strategy.

We see similar patterns with yo-yo quitters of gambling, tobacco addiction, alcoholism and so forth. All end up doing more of their problem as time goes on. So the yo-yo smoker ends up smoking more, the fat person gets fatter, the gambler loses more and so on.

Now with this in mind, is it often worth exploring this question with the overweight client: "**What *happened* at the time that you were last at your ideal weight**?"

It might seem odd but, for so many troubled eaters and overweight clients, there was a trauma or serious stress of some sort at the last time they were at their target weight. Resolving the reactions to this event can have a powerful influence on the outcomes of the change work you do with these clients.

At one weight loss seminar with 14 overweight participants, 13 of them expressed surprise when I asked this question. For all 13 of them there had indeed been a serious stress or traumatic event at that time. For one, there was a bereavement, another was assaulted, another was made redundant and wondered if at her age she'd ever get another job, another got married to a man who turned out to be controlling and abusive and so on. All except one had his or her own unique story of trauma or stress that had been paired with being at their ideal weight.

**Conclusion**

*What I hope I have demonstrated with this document is that losing and maintaining a desired weight has so much more to it for the overeater than simply the "eat less, move more" type of dieting. For many people stuck in the painful cycle of overeating for so many years, things can begin to feel quite hopeless and depressing, when in actual fact in the hands of a skilled therapist effective help can be found and living once again be made easy.*

**Contact Andrew T. Austin**

For UK based overeaters Andrew T. Austin is available for both one-to-one change work and group sessions for these issues. One-to-one sessions usually last approximately 2 hours and are charged at £95 per session. Group sessions for 4-10 people last approximately 6 hours and are charged at £415. The group is required to organise their own venue and refreshments – travel expenses are extra.

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