

IF YOU HAVE TRIED TO LOSE WEIGHT & FAILED, READ THIS BOOK
BEFORE YOU TRY AGAIN AND RISK YOUR MONEY & YOUR SANITY!

Weight Loss *for* Food Lovers

2ND
EDITION

UNDERSTANDING OUR MINDS AND WHY
WE SABOTAGE OUR WEIGHT LOSS



Dr George Blair-West
MEDICAL DOCTOR & PSYCHIATRIST

What Health Professionals have to say about Dr Blair-West's work

*“After reading Dr Blair-West’s ‘Tantalus’ article on Medscape, I ‘Googled’ his name. After going to the website, I knew I had to have the book so I ordered it from an Australian website and simply paid the international postage. It was well worth it! **I thank Dr. Blair-West for his exceptional work.** I’m a psychodynamically-oriented psychotherapist and have suffered with my weight all my life. This is the first book that makes sense to me clinically. I’m so grateful to have found it. The connection he made to attachment theory is right on!”*

– Libby Inman, LPC
Greensboro, NC, USA

*“I want to thank you for your book. I received it and **then read it in one day!** It was **highly informative**, reinforcing all of your workshop ideas and strategies. I have passed it on to my sister to read next. Thanks again.”*

– Michelle Kleiner, Accredited Practising Dietitian, Sydney, Australia

“George is one of those rare individuals who is so interesting to listen to, he can hold an audience captive for long periods of time. He is passionate about his life, his work and his family – this energy radiates from him, spreading throughout the whole room. Add to this his wicked sense of humour and everyone leaves his workshops in good spirits taking with them much valuable, usable information.”

– Rozz Nutting, Psychologist
Brisbane, Australia

Frequently Asked Questions

■ **Q: What kind of diet is the Low Sacrifice ‘Diet’, is it low in carbohydrates, low in fat ...?**

■ **A:** The Low Sacrifice ‘Diet’ (LSD) is not a ‘diet’ in the traditional sense as it does not prescribe certain foods or menus. It is a psychological approach designed to minimise self-sabotage. It is low in self-discipline and low in sacrifices because otherwise it cannot be sustained for the long-term. Losing weight and keeping it off is what this book is all about.

■ **Q: Can I still eat my favorite foods?**

■ **A:** A key element of the LSD is that not only are your favorite foods allowed, in fact, they are prescribed. I then teach you ‘Zen and the art of savoring’ strategies so you enjoy your favorite foods more!

■ **Q: Do I have to exercise to lose weight?**

■ **A:** You may be surprised to read that research shows that while it has many benefits, exercise is not a significant factor in losing weight. Given the limited effort that people have, I get them to apply it to managing their energy intake. I prescribe ‘incidental activity’ to assist the process.

■ **Q: Can I drink alcohol?**

■ **A:** Yes. I devote a chapter to looking at the complex relationship between alcohol and weight – complex because alcohol causes less direct weight gain than people expect, but can, indirectly, cause gain.

■ **Q: Do I have to avoid certain foods?**

■ **A:** No. It is important that no foods be forbidden.

■ **Q: Can my whole family adopt this new eating lifestyle?**

■ **A:** Absolutely. A problem with other diets is that you are often on your own. Moreover, I believe that a key responsibility for parents is giving our children healthy ‘obesity-proofing’ eating habits (see Chapter 15).

■ **Q: Do I need to buy special supplements or vitamins?**

■ **A:** No – not unless you want to make expensive urine.

Weight Loss *for* Food Lovers

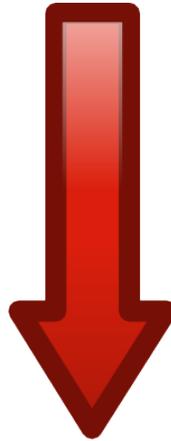
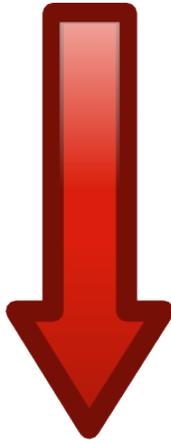
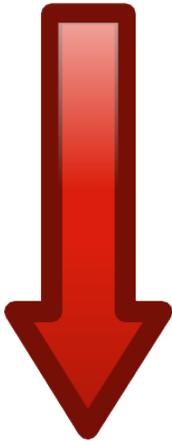
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Dr George Blair-West

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To my wife Penny who, in her desire to avoid public attention, goes otherwise unrecognized. As a Psychologist, deeply committed to her craft, her breadth and depth of knowledge continues to astound me and is woven through these words.
Your faith in me sustains me.

I am also deeply indebted to my clientele. As a medical student I was told they would be my greatest teachers. At the time I did not begin to appreciate the fullness of the gift coming my way.

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The Book in Overview

*The second week of a diet is always easier than the first.
By the second week you're off it.*

Jackie Gleason

One of my clients told me the story of how his wife found him eating his favorite high in sugar, low in food brightly colored cereal for breakfast only a few weeks into this new eating lifestyle. With some glee she smugly remarked, ‘So, the all-singing all-dancing new “low sacrifice eating lifestyle” has already gone the way of all your previous diets!’

Tony (as with all the cases I will describe in this book, his name and other identifying details have been changed for confidentiality reasons) responded, ‘This may be hard for you to believe, but this *is* my new eating lifestyle. We need to eat certain foods for no other reason than because we love them. It doesn’t matter if they are less nutritious than the packet they came in. In fact, Dr George has actually prescribed this brightly colored cereal of no known nutritional value and told me that if I don’t eat them I’ll be in trouble. If I were to deprive myself of them, I would crave them. Once I crave them, I’m on the slippery slope to rebelling and sabotaging my weight loss. I can show you the prescription if you don’t believe me.’

His wife was not convinced. ‘You have got to be joking?! What sort of a diet allows you to eat that rubbish for breakfast??’

‘It’s not actually a diet – there are no foods that I can’t eat if I really want them. In fact, one of the keys to the psychology of weight loss is that if you don’t continue to eat your favorite – or what Dr George calls your “High Sacrifice” – foods your unconscious will ultimately sabotage the program. You know it makes sense. We both know that in the past I have deprived myself of foods I love and then ended up bingeing on them! And, by the way, while we’re at it: I’ve been eating chocolate for morning tea at work!’

To be fair to Tony's normally loving and supportive wife, she had lived through dozens of failed diets that he had tried over the years. She had, quite understandably, become rather skeptical. She refused to shop differently for him this time around – unless he proved he would stick to it – but that time had not yet come. In a particularly scathing tone she responded, 'Sounds like psychobabble BS to me. How could you lose weight eating cereal that is more colorful than the packet it came in!?'

'Darling, I think that the question you're asking me should be: "How have you lost weight eating that rubbish?"' Tony stood up and with great pride pointed to the wear mark on his belt. 'What do you notice?'

Somewhat contrite, his wife said, 'Two notches! What's going on?!'

I share Tony's story with you because it highlights the psychological issues around weight loss, including some of the issues with partners. The most important point was that when I asked him how hard he was finding it and whether he thought he could do it long-term his response was: 'Are you kidding me? While I have lost weight more quickly, this is the easiest weight I have ever lost. I can't see why I can't do this forever!' And that is my goal: helping people to bring to life a new eating lifestyle that they can continue for life.

Navigating this book

Gone are the days when people read a book in order, from cover to cover – if they ever existed. While this book is loosely sequential – it can be read by jumping from chapter to chapter. What follows is an overview as to how the book is laid out to assist those of you who might not wish to read the book in the traditional way.

Chapter 1 explores our deep attachment to food and how we must respect this so we do not set ourselves up to fail. It is just not good enough for doctors and dietitians to tell overweight patients they 'should exercise more and eat less fattening food'. I have not met an overweight person in my clinical practice, or outside it, who did not know this.

As a psychotherapist I have spent two decades helping people to change, permanently. I could not be more uninterested in short-term

change. Most diets that get a second hearing bring about weight loss – but for how long? Eventually people give up.

As I started to work with overweight clients I found that they kept bemoaning their ‘lack of self-discipline’. Many had come to see themselves as failures. This got me thinking. What actually is self-discipline and what role does it play in long-term change? The answer? In simple terms: not much of a role at all. Self-discipline might get us to study on Sunday and Monday evenings for an exam on Tuesday, but it simply will not get us to change our eating habits for the rest of our life.

As I will discuss in depth in Chapter 2, self-discipline is of no use when trying to bring about long-term change. The surprising truth is that the more you find yourself having to use self-discipline, the more likely you are to fail. Instead we need to put effort in at the outset to creating what I call ‘strategic structures’: the building blocks of new habits.

It is critical that you understand this distinction between effort and self-discipline – whether you are trying to lose weight, give up smoking or drink less. Effort is critical to success, self-discipline is not. The effort needs to be applied to planning for danger times because, if we are perfectly normal human beings, self-discipline will fail us at these times.

Why a new approach?

I was appalled when I started to look at the research into the effectiveness of traditional diets and found that the medical profession is better at treating most cancers than we are at treating obesity. In her informative book, *The Psychology of Eating* when reviewing the treatment of weight loss, Joan Odgen said, ‘...in real terms, between 90% and 95% of those who lose weight regain it within several years.’

Some intensive programs have done a little better than this recently so, to be conservative, I work on a 20% five year success rate as the best

that we can hope for with traditional approaches to weight loss. But what concerned me much more than these rather bleak figures was research that looked at how people regained weight they had lost over a period of five years as summarized in the following table.¹

Year	1	2	3	5
Weight Regained	45%	52%	68%	115%

What this table (summarizing 20 research trials) tells us is that after we lose weight, on average, we not only put it all back on over time but we end up putting on 15% more than we originally lost!

When I had to lose weight because of being overweight and having a cholesterol problem, I started thinking very carefully about what this research was telling us. While psychological factors have been considered before in weight-loss programs – usually under the heading of ‘behavior modification’ – this component of the program was typically an add-on and only scratched the surface of the psychological issues involved. As I looked more deeply into the research, I realized there was a huge amount of fascinating research that was not being considered by most workers in the weight-loss field.

When I lecture to doctors, dietitians and other workers in the field I often ask who has heard of the wealth of research into Restraint Theory and concepts like the ‘What the Hell effect’. Rarely do more than 5% of these front line workers raise their hands. Too often none raise their

¹ SARIS, WIM H.M. Very-low-calorie diets and sustained weight loss. *Obesity Research*. 2001;9:295S–301S.

hands. I summarize this neglected field of eye-opening research in Chapter 3. It explains why it is normal to crash a diet and *abnormal* to be able to stick to one long-term.

If around 40% of the population drink coffee, we then consider drinking coffee ‘normal’. When 80% of the population are unable to stick to a diet, I think we can comfortably say that this is ‘perfectly normal’. *It is perfectly normal to be unable to stick to a traditional weight-loss plan.* From the outset, traditional weight-loss programs are doomed as they simply ask too much of normal people. This is why I argue that *rather than people failing diets, diets fail people.*

Worse than this, as people try to lose weight and fail, perfectly normally, they often feel like perfect failures – maybe this has happened to you? Even more concerningly, many of the people who see me have failed many times (psychiatrists never being the first port of call for the overweight!). They don’t just see themselves as failures at weight loss – they come to see themselves as failures *as people*. This is tragic when what has happened is perfectly normal!

The respected Australian nutrition expert, Rosemary Stanton, recently pointed out that ‘The real problem is that few people follow the guidelines.’² She goes on to quote a long-term study of over 10,000 women where they found that only a third complied with more than half of the eating guidelines and only two women met all the guidelines! Research like this got me thinking that we need a big rethink about what we ask of people. This book is an attempt to do the big rethink.

Also overlooked in designing weight-loss programs, are the teachings of psychotherapy – this is the end of medicine and psychiatry focused on helping people to change, permanently. In Chapters 4 and 5, I look at how these understandings apply to our everyday eating behavior and the

² *Medical Journal of Australia*, 2006; 184 (2): 76-79.

games we play to allow ourselves to over-eat. We also look at what the French have to teach us about eating tasty, rich food. Why the French? They have one of the lowest rates of obesity and heart disease in the world.

In Chapter 6 I move down to a deeper layer as I introduce the process of sabotage and the fascinating ways in which our mind prevents us from achieving what we want. In Chapters 13 and 14, for those who are interested, I go deeper again as we explore the unconscious processes that drive sabotage. These two chapters deal with issues that go way beyond weight loss and into personal growth more generally. I explore ‘failure fear’ and ‘success stress’ as we look at why we do not necessarily achieve the objectives that we consciously desire. I explain how failure only comes into existence when we choose to create it from what would otherwise be a learning experience.

For those of you who don’t wish to read the book in chapter order, which is fine, Chapter 7 contains the essence of the Low Sacrifice Diet – the backbone of this approach. This needs to be combined with Chapter 8, which explains how we keep our ‘high sacrifice’ or forbidden foods in our diet while limiting them to an unproblematic level. To achieve this I rely heavily on Zen Buddhism teachings around mindfulness and recent research into savoring. We eat more because we taste less. So by learning to taste more, we can happily eat less.

Chapter 9 introduces, somewhat controversially, the complex – and almost non-existent – relationship between exercise and weight loss. Exercise has many benefits, especially in terms of cardiovascular health and stress management, but significant weight loss is just not one of them. I will explain why managing our dietary intake is at least five times more powerful than exercise, in losing weight. I will review the research into how exercise can actually cause weight gain and I explain why I do not promote ‘designated exercise’ sessions such as attending gyms. I am in favor of boosting ‘incidental activity’ throughout the day.

Another complex relationship is that between alcohol and weight loss, particularly in women. I explore these issues in Chapter 10 where

we find that alcohol in moderation does not contribute directly to weight gain, but its psychological impact can be a problem.

Chapter 11 explores the powerful world of marketing food, particularly carbohydrates, and how ‘low fat’ diets have created the obesity epidemic. I explore how the marketing of food cleverly uses unconscious mechanisms to influence their unwitting audience (us) and how children are targeted to use their ‘pester power’ to empty their parents’ wallets so they can fill their stomachs on fattening foods.

Chapter 12 is the closest I come to dietary advice as I explain why carbohydrates are so problematic. I leave the actual food choice to the reader to develop while applying the psychological principles of ‘low sacrifice switching’. Carbohydrates, by far the largest and most diverse food group, are difficult to make sense of without understanding glycemic index and glyceemic load.

Chapter 15 looks at ‘obesity-proofing’ our children. I am still in two minds as to whether I agree with the argument that not working diligently to prevent a child from becoming obese, or actively contributing to it, is a form of child abuse – but I can empathize with the argument. Obesity or poor eating habits in childhood, more often than not, just like other forms of child abuse, destines the child to a life of emotional distress and physical ill health.

In this chapter I put on my relationship therapist’s hat and I revisit the definition of true love. I explain the gift of instilling a healthy eating lifestyle in our children that then become a habit for them as adults.

Chapter 16 attempts to introduce recent research and thinking into ‘happiness’ and deals with the confusion people seem to have that happiness is found through pleasures like eating. It explains how pursuing pleasure, like eating yummy food, can actually cause unhappiness. Happiness in life is found in a different direction.

Chapter 17 discusses the power of support groups and provides guidelines on how to form and run a support group using the model of a book club that many people, women in particular, are familiar with.

Chapter 18 gives a brief introduction to the website that supports this book.

Getting Started

I wrote this book to be read in two halves. The first hundred pages, to the end of the chapter on exercise, are all you need to read to get started. Spend some time developing your new healthy eating lifestyle and then come back and read the second half of the book. This second half deals with managing the obesity-promoting world we live in, along with the deeper issues of the mind and how it can sabotage our success.

Finally, you will realize as you read this book that I have to take you into deeper issues if I am going to help you to lose weight and/or keep off weight you have lost. Things are not what they seem in the world of weight loss. On the other hand, this fascinating, wondrous world offers us insights into not just how to manage our weight, but how to more successfully take on all sorts of personal challenges in our busy lives.

Introduction

There is no sincerer love than the love of food.

George Bernard Shaw

Question: Why is it that over 80% of people who lose weight eventually regain what they lose and often more?

Answer: Because dieting is not about *what* we eat, it is about *why* we eat! Diets typically fail to recognize that food is the world's most addictive substance! Craving for food is much more powerful than craving for nicotine, alcohol and other substances.

*George Bernard Shaw put it somewhat differently:
Statistics show that of those who contract
the habit of eating, very few survive.*

But unlike every other addictive substance food is critically different in one way – it is a human need. We must have it to survive. Alcohol, nicotine and other substances of addiction can be hard enough to give up or manage – and they are nowhere near as important to us as food is! Is it really any wonder that dieting has such a high failure rate? As smokers in the western world have given up over the last couple of decades, over-eating has really taken off!

When we accept that food is a highly addictive substance and start to tackle it from this perspective, we begin to take control of it. Ignore its habit-forming potential and we are powerless to control it.

Very few weight-loss programs fully appreciate the addictive quality of food and even fewer deal with it – primarily because they simply don't know how to. Very few diet program planners are qualified in both human psychology and human physiology. It is deadly simple and much easier to tell people what they should eat with the latest and greatest diet.

Trouble is, this focus on what to eat is largely irrelevant; I don't think I have met an overweight person who did not know what they should eat and what they shouldn't eat!

Getting people excited – and motivated – about a new diet is easy; people want to believe in a new quick and easy solution, but this motivation only works for the short term. The enticement of a quick and easy solution is the real life version of the story of the drunk looking under the streetlight for his house keys.

As the story goes, a man out for a late night stroll comes across the hapless fellow and helps him search. After spending some time helping the drunk without any sign of the keys, he ventured the question 'Are you sure you dropped them around here?' 'Oh no', replied the drunk, 'I dropped them over there in the shadows, but it's too dark to find them there.'

This book is all about venturing over into the dark to deal with the rather complicated habit of over-eating, while respecting our deep love of food. While the solution is not quick, it is very much about making it easier. What the research shows, over and over again, is that the enjoyment of food wins out every time if the weight-loss program is too restrictive. Rather than being about going on 'a diet', this book is all about developing 'a new eating lifestyle' for the rest of your life.

The best way to do this is to involve the others with whom you share your refrigerator so that you create a sub-culture that makes it easier for everyone in it to eat in way that keeps everyone slim. This is the French way, which we will repeatedly return to throughout this book.

Perhaps our greatest responsibility, however, is to the next generation. Rates of obesity in children have doubled. Those of us who are parents must make it easier for our children to manage their weight by making healthy eating an automatic lifestyle for them from a young age. In this way – by the time they are making their own food choices, healthy eating will be a deeply entrenched habit.

Chapter 1 – Party party party

Begin as you wish to continue.

Bob Spelta, Psychiatrist

*I've been on a diet for two weeks
and all I've lost is two weeks.*

Totie Fields

After we are born, first we sort out the oxygen problem. Once we work out how to breathe it in, the very next thing that we look for is food. From that moment on food plays a deep and meaningful role in our lives. Every time we get upset during these first few years, chances are we will have a nipple, fake or real, stuffed into our mouth to soothe us – and often it will work! Think of the association we build up between feeling better, or being soothed, and food.

Every major event and celebration involves food – indeed often they revolve around food. Graduations, weddings, Christmas and Easter – even funerals are not complete without food. And of course there is the most important event of the year for every one of us – our birthday. What would you think of your birthday party if there was no food, no birthday cake? Think about the key role of the cake – it holds the candles that, when lit, trigger the singing and hooraying.

As children, when we were given a treat by parents and influential adults, often it was food, or food was a key part of it. There are few special activities that don't involve food. What would a trip to the movies or a theme park be without popcorn, sweets or soft drink?

These celebrations or special times are when we relax and have fun. Fun and food become closely connected and live side by side in our minds. Each celebration cements this relationship further. Some events, such as graduations, are very important landmarks, so the food now comes packaged with respect.

As we get older alcohol is added to the mix, further intensifying the link between fun and food. With alcohol comes sexual flirtation – as Shakespeare reminded us, ‘Drink ... it addeth to the desire, but it taketh away the performance’. Then we add the excitement of sexual flirtation, and the pleasure and pride of dressing up – you can see that food is now keeping some mighty powerful company.

With each celebration, each party, each treat, the connection that we each have to food is given more depth and more meaning. By the time we reach adulthood, the association between food and having a party is irreversibly established deep in our mind.

Food becomes one of the ultimate forms of reward that we can experience as a human being. Eating becomes 'party time'.

For many of us food is absolutely the ultimate form of reward in our day-to-day lives. More specifically, certain foods come to represent ‘party time’ better than others. Chocolate would be the old faithful in this regard. Think about the foods that cause you the most problems – your favorite stack-on-the-weight foods – how many of them are the foods you typically find at a party? For many people I work with, eating their favorite or forbidden foods is really an escape from their stressful lives into their own brief little party.

If you start to think through the last few paragraphs I think you can see the problem that arises when our doctor tells us, or we tell ourselves, that we have to stop eating those unhealthy foods and go and exercise more. Consciously we will think that is a good idea – we all want to be healthier and lose weight – but deep down in our unconscious, a much more powerful voice is quietly, but firmly, saying ‘Nice idea, but it ain’t gonna happen – too many sacrifices in that plan.’ It’s a bit like being told you’re never going to party or have fun again! For most people who then start to diet this is the beginning of a quiet rebellion.

What has the medical profession been thinking?!

For years the medical profession has told people they would be better off if they stopped eating unhealthy foods and exercised more. What so many of my clients tell me is that they need to hear something they don't know! As if you didn't know that you should exercise more and eat fewer bad foods! What have we doctors been thinking?! When I practiced general medicine before I started specializing in psychiatry, I have no doubt I handed out the same idiotic advice.

Now when I work with people either individually or in groups, I cringe when they tell me about doctors and dietitians who told them they should stop eating unhealthy food as if this was news to them. We doctors can be a patronizing bunch. I have never met an overweight person who didn't know that they should eat fewer unhealthy foods and exercise more. I have also never met an overweight individual who did not know that they should cut back on fat and calories in their diet!

So if we all know what we should do, why don't we do it? Why don't we change our behavior? Research going back more than half a century repeatedly shows that around 80% of dieters ultimately regained the weight that they lost and, worse still, they often regained more than they lost! If this has been your experience you can be reassured that you are perfectly normal.

When you think about this problem from the perspective of a psychiatrist, it becomes crystal clear why attempts to lose weight usually fail – the doctors seem not to appreciate that food is highly addictive.

Some of the telltale signs of addiction are cravings, needing more of the substance than one did previously and changing plans in order to gain access to the substance. But unlike other addictive substances, we grow up, as previously discussed, with food having an ever-increasing emotional meaning for us throughout our formative years.

Surprisingly, given the sophisticated advancements in other areas, the medical approach to losing weight has completely failed to deal with our

deep emotional attachment to food and has not evolved since the practice of medicine began. Instead of approaching the overweight individual in a holistic way, the traditional approach has seen us using mind–body separation at its worst!

Begin as you wish to continue

The medical profession is only just beginning to realize that simply telling somebody to give up smoking because it is bad for you, is an exercise in abject futility. I think we've realized that you would have to be living in a cave in the Tundra not to know that smoking is bad for you. (Mind you, if you lived in a cave in the Tundra with no access to cigarettes it would not be an issue for you!)

I would argue that giving up unhealthy food is a much more complicated ask. The big difference is that, unlike nicotine or alcohol, we need food for our very survival! Moreover, as we have seen already, we develop a much greater attachment to food in our formative years than we ever do to nicotine or alcohol (although some teenagers do try to make up the difference!). Food addiction is the only addiction where we get hooked before we can walk!

Imagine the problem that a heroin addict would have wandering through their day with heroin available in lots of different forms everywhere they went! They would get out of bed, open the fridge door and there it would be – taunting them. Opening the pantry door – more. Then they would go out only to be confronted by coffee shops with beautifully presented syringes, all ready to inject – with a nice clean needle and a small bow to make it look pretty!

How far would a heroin addict get through the day without using? I believe that food is the most addictive substance on the planet – way more addictive than heroin. And we doctors expect you to go through your day – constantly confronted by this addictive substance that you need to survive – and only eat as much as you need to survive!

While the medical profession may have set the standard, the greater diet industry is equally to blame. The vast majority of diet plans out

there tell us that all we have to do is eat the way they tell us and the weight will just fall off. This is usually true, as there are very few diets that don't cause weight loss. But what they don't tell us is how difficult it is to eat this way for the long-term.

*It doesn't matter how effective
a diet is in causing weight loss
if we can't maintain it indefinitely.*

Whenever you start a diet you must ask the question, 'Is this something that I can see myself doing in six months, a year, or in six years' time?' If the honest answer is 'no' don't put yourself through the heartache and roller-coaster of the weight-loss cycle.

This is the essence of 'begin as you wish to continue'. It is about being honest and admitting it to yourself right upfront if you cannot see yourself keeping up a new behavior for the long-term. Trust yourself to answer this question. Just ask yourself and listen carefully. You know what you can and can't do once the initial enthusiasm falls away. I suspect you have very probably embarked on a weight-loss plan before! Listen to your inner wisdom. Through the following chapters I am going to show you how to do it all somewhat differently.

For the love of food

Many years ago I began working as a psychotherapist. A psychotherapist is a clinician who helps their clients to change without relying on drugs or – for that matter – on self-discipline. For well over a decade now I've had the honor of helping hundreds of people change their behavior, change their relationships and change their lives.

I use the word 'honor' because it has been a special privilege to be a part of the courageous struggle with personal growth that only a small percentage of the population is prepared to embark on. Along the way, I

have learned an enormous amount about how we go about successfully changing our behavior.

Probably the first thing that a psychotherapist learns is that no one, absolutely no one, lets go of a behavior while they have a deep ongoing personal attachment to it. For many people, food falls into precisely this category. And for people who are overweight this is usually the case.

I was overweight and I loved and still love food. ‘Love’ can be defined in many ways. But one of the simplest ways to define love is as a ‘deep attachment’. There are few promises I can honestly make in this field, but I can promise you that if you love food you will be unable to lose weight unless you acknowledge and manage this love in some way.

When I first started working with overweight individuals, I thought my job was to weaken their attachment to – or their love of – their problem or forbidden foods. This was a difficult and complex process. It quickly became apparent to me that this was not something that could be done on a large scale when approximately two-thirds of the population of most developed countries is overweight or obese. There are just not enough appropriately qualified therapists to go around.

I have come to realize that, just as with romantic love, the love of food is best left to run its course. If therapists try to interfere they get trampled in the rush. This is as much because people need to enjoy whatever love they can get in life – food or people – as it is recognition that therapists are relatively powerless to change it!

Fortunately, as I worked with overweight people and explored their psychological rebellion against their weight-loss plans, I began to realize there was a much better way to deal with their deep psychological attachment to food. As I had learned from my own experience with weight loss, I realized that the key was *not to attack* the attachment that we have to certain foods in the hope of taking them out of the diet. This love is best left alone. Some foods cannot be denied. To do so awakens the sleeping dragon of rebellion. But before we visit the sleeping dragon we need to talk about the role of self-discipline in long-term change.

Chapter 2 – Self-discipline it is not

*Do you really think it is weakness that yields to temptation?
I tell you that there are terrible temptations which
it requires strength and courage to yield to.*

Oscar Wilde

*Motivation is what gets you started.
Habit is what keeps you going.*

Jim Ryun

When I talk about how long-term change is not about self-discipline – and it is no different when it comes to weight loss – people look at me as if I were a snake oil salesman. I have been a psychotherapist for so long that at times I forget that my view of the process of human change is very different from that of most people.

I gave up general psychiatry to work as a psychotherapist when I realized that I really had little interest in treating mental conditions such as schizophrenia and bipolar disorder, which rely on drugs as the backbone of treatment. There is just nothing that fascinating about prescribing a drug. Certainly, it is great when they work, but you are left with the nagging awareness that the person has not changed and if they stop the drug they become vulnerable to their condition again. It became increasingly evident that my abiding interest and real passion was in how we as human beings change – or don't change – when we want to.

So for many years now I have specialized only in group and individual psychotherapy to help people move on from whatever is holding them back. The goal is to help every individual to find and pursue their potential, to live their purpose. Psychotherapy is really just an accelerated course in personal growth. We turn the pain of the past

into the building blocks of the future. We look at the past only long enough to learn from it.

*Psychotherapy tells us that
the only tragedy of the pain or mistakes
that we experience in our lives is
not to learn from them.*

Somewhere along the way, I put on weight, developed a cholesterol problem requiring medication and realized that I had turned into a pudgy sloth. As I began to grapple with the whole diet and weight-loss thing, I realized that the weight-loss industry saw diet, exercise and weight loss itself as something that one just disciplined oneself to do! One of the reasons weight loss has an 80% failure rate is that people have the psychology of motivation all wrong.

As I looked more closely, it became apparent that the state of the art in motivation was disturbingly embodied by the legendary Nike marketing motto “Just do it.” The message is ‘If you’re cool and disciplined you will and if you are a dweeb and undisciplined you won’t’. This awareness took me back to my previous life as an owner of a health and fitness center, more commonly known as a gym.

Hunting down motivation

I had graduated from medical school almost two years prior and was a few months into my psychiatry specialty training when the gym came up for sale. At the time, I was share-renting with Flat Food Larry and Silly John. Larry was so named because he was great at cooking ‘flat food’ – i.e. any food that was either flat or could be cooked in a pan and was not meant to do anything fancy ... like rise. (The oven was something we used for drying clothes – until the day they caught on fire.)

Larry was the kind of guy for whom gyms were invented. He seemed to develop muscles simply by walking into a gym. While most of us

would work out in the weights room to find our muscles, he worked out simply to get his muscles ‘cut.’ It was through Flat Food Larry that I met the man my children now know as ‘Silly John’.

John had a different claim to fame – to this day he remains the funniest guy I have ever met off a stand-up comedian’s stage. A wonderful father (many years later) and a disaster as a business credit search salesman – he would have made more money as a stand-up comedian and we know how little they get paid. (John, commenting on a song playing in a restaurant: ‘That song saw me through a very difficult time in my life.’ George: ‘Oh, when was that?’ John: ‘Twelve through to 22.’)

While Larry had his unnatural relationship with the gym, I think John and I had a simpler motivations – and they weren’t money. An aerobics class of 40 women in contour hugging spandex leotards has a way of speaking to a 25-year-old single male.

So we found ourselves in the middle of the weight-loss-health-kick movement. After a few months we noticed something interesting. People would come in and almost demand that we let them join our gym, come for a couple of visits and never come back again.

With the benefit of the retrospectroscope, I now know that they had experienced what I call a ‘belated New Year’s resolution’. For whatever reason (boyfriend left them for their younger sister; girlfriend left them for their best mate) they were ‘motivated’ and it was time to get fit and look great.

A ‘belated New Year’s resolution’ has, of course, the same chance of survival as the normal variety – somewhere around a one to five percent chance of seeing life into the following week. Talk is cheap and nowhere will you find it cheaper than on New Year’s Day. On one level, this was great for business as it meant that we could take memberships totaling ten times our capacity and easily cater to the members who actually turned up. On the other hand, we knew the surrounding population was finite and that sooner or later we would run low of potential customers in our target 20-to 30-year-old market.

So we called a staff meeting and decided to run a series of evening workshops to motivate people to come along and keep coming – we wanted to capture that unusual animal in our business, the membership renewal!

As the budding psychiatrist of the group, I was expected to introduce the core concept of motivation. ‘No problem,’ I said naïvely. We managed to get a venerable motivator and author to come and talk, along with a former professional footballer turned sports psychologist. The presentation team was rounded out by a marathon-running psychiatrist.

So off I went to the library to research motivation. Familiar with the power of a university library, I said to myself, ‘This’ll be easy; just pull out the wisdom of the great minds of the world along with the latest research and deliver it in a tight, entertaining, one-hour talk’.

At first I thought that I must have been using the wrong search terms, but after two hours of digging through the databases it was dawning on me that there was no controlled research into the area of what motivates people to keep up their exercise routine. This was not going to be easy at all – in fact it was a disaster. I had put my hand up to do something that I knew nothing about and my only plan for procuring expertise was in tatters.

It was Larry who finally gave me some material. He was a top-notch computer salesman at the time and had just attended a sales training seminar. He told me this story that I later used in the gym’s motivation workshop:

Two salesman, Bill and Bob, have to make an early morning, out of town call. It’s the middle of winter and to make the sales visit they have to be up at 5 a.m. Bill wakes up and thinks, “My God it’s cold out there (as he lies warm and snug in his blankets) and I have to get up into that cold bathroom with its cold floor and when I get out of the shower it’s going to be cold ... and it’s so warm here in bed. I can make the visit another day” – as he turns off the alarm and goes back to sleep.

Not far away Bob wakes up to his alarm at 5 a.m. He thinks, “My God it’s cold out there (as he lies warm and snug in his blankets) and I

have to get up into that cold bathroom with its cold floor (as his first foot hits the floor) and when I get out of the shower it's going to be cold ...and it's so warm here in bed (as his second foot hits the floor...)

Basically this story was the unspoken part behind the 'Just do it' philosophy. It tells us that to achieve in the workplace, or with a fitness regimen, we have to ignore the emotions that will discourage us and simply get our first foot to 'hit the floor'. People found it helpful because it reassured them that the people who are able to get out of bed at 5 a.m. and start work – or go for a jog – don't find it any easier than the rest of us.

We don't like to think that people who get things done are better than us in some way, or know something we don't. The story of the two salesmen tells us that we need to feel our reluctance and do it anyway. It tells us that motivation comes down to getting our feet to hit the floor and then it's a matter of putting one foot in front of the other. It tells us that the psychology of motivation is deadly simple – you either have it or you don't.

So I told this story and a few others. The motivation guru spoke about the need to clearly visualize your goals. How we must set a clear goal and program it in for our brain to then seek it out, like a target-seeking missile. We were reminded of that old saying on the need for a clear goal: 'When you're not heading anywhere in particular, don't worry as any road will get you there!' This was the state of the art in motivation and self-discipline almost twenty years ago and there was only one problem with it: most of it, especially what I had spoken about, was all wrong!

What if self-discipline does not bring about change?

This old model of motivation was built around what the second salesman appeared to have and the first one didn't: self-discipline. It said that those who can lose weight are disciplined and strong while those who can't are undisciplined and weak-willed slobs. It said that self-discipline

is something we pull up, from somewhere, to do something that we don't want to do.

While again this is attractively simple – it has nothing to do with real life, or long-term change, but it is attractively simple. Remember our drunk looking for his lost keys under the street light in the introduction? I now see the two salesmen story very differently. As I see it, deep down, the first salesman, Bill, really did not want to be a salesman as much as Bob did. Maybe it did not suit Bill's personality; maybe he really wanted to be an architect. Maybe he did not have enough faith in his ability to be an architect so had not gone to college and the only work he could get without qualifications was as a salesman.

What if the last thing Bill needed was more self-discipline (whatever that is)? What if what he really needed was to look closely at why he wasn't prepared to do what it takes to be a good salesman? Maybe then he would realize that he was better off taking a risk on his dream than living the safety of a lie.

We do, or don't do, things for a reason. Sometimes they are good reasons, sometimes they are bad reasons. Almost always, I find they are reasons that are well past their expiration date. By this I mean that at some point in our lives they made sense and were relevant. We humans are naturally efficient in this regard; some might say 'lazy'. Once we humans develop a reason for doing something we keep doing it even if circumstances change. This is basically how our unconscious works – something we will revisit when we come to look at self-sabotage in Chapter 13.

I would argue that when we find ourselves having to muster a lot of self-discipline we should be asking ourselves: 'Why?' These times in our lives are wake up calls, points at which we need to ask questions such as:

Why do I not want to do this?

What would I rather be doing?

How can I change my life so that I am doing more of what I want and less of what I don't?

By asking questions like these, we begin to discover what is important to our particular personalities. Specifically, we can begin to explore and understand our particular reasons for over-eating. For many, the reason may be as simple as having a mini-party to escape the stress of their lives. For others, over-eating may have a very specific reason. Whatever the reason, we need to see self-discipline in a different light. Instead of seeing it as something to aspire to, we need to see it as a sign that we are doing things for the wrong reasons.

*If a long-term goal requires
a lot of self-discipline,
there is something very wrong.*

The goal of being fat – Suzie’s story

I remember one woman, let’s call her Suzie, who had a very particular reason to be fat. She came into therapy because of her longstanding depression. Slowly, over some months, her tragic story unfolded. As a child, she had been sexually abused by her father. She married at 18 to escape him because she was pregnant – a child she was to lose, but only after she married a man who would treat her like her father had.

One night, while walking the streets to escape a beating from her husband, she befriended a stranger who then raped her. It was no great surprise when one day in therapy she said, ‘I know now that I use my fat as a suit of armor.’ And powerful armor it was, too. On the physical level it gave her a sense of security as she felt bigger and more able to defend herself. On the psychological level she felt safer because she knew that being fat made her less attractive to men.

This particular reason that Suzie had for over-eating was not obvious to her when she entered therapy. It was quite unconscious. But during therapy, as she explored the ‘whys’ of her eating, she made the unconscious conscious, and that empowered her to begin to manage her

eating behavior. Until her true reasons for over-eating became known to her she remained confused and felt powerless.

If you have a story similar to Suzie's, then I urge you to find a good therapist with whom you can work through these issues. Sadly, one in four women has experienced some form of sexual assault by early adulthood. If your goal is to be fat to protect yourself in some way, then no amount of dieting, even if it is accompanied by buckets of iron-willed self-discipline, is going to work.

People who have the goal of being fat, like Suzie, are in quite a different category from those who over-eat but deep down have no desire to be fat. In short, some people are attached to their food and others, like Suzie are attached to their fat. For the Suzie's of the world, therapy of some sort is usually necessary. She will not be able to lose weight until the goal of being fat can be abandoned.

Whatever the particular reasons for particular behaviors, over the years I have learned that it is much easier to change the behavior to match the person than to change the person, and their reasons, to match the behavior. So with our two salesmen I would work with Bill to get him to study architecture, rather than work to help him become a better salesman.

For exactly these reasons, good managers know that they are better off altering a valued employee's job description to suit their personality than trying to try to change the employee's personality to fit their job description.

In the same way, I do not try to get people to give up the food they love. In fact, except where people eat expressly to achieve the goal of being fat, I don't think we need to work out every person's reasons for over-eating. Instead, we need to respect the fact that everyone has their reasons for over-eating and the blunt tool of self-discipline is powerless against them. To be honest, I'm not sure that self-discipline really exists! I think people do certain things because their desire to do them exceeds their reasons, at both conscious and unconscious levels, for not doing them.

Now you can start to see why self-discipline is not a part of long-term change. To the contrary: if too much self-discipline is required to achieve what we want, chances are we are aiming at the wrong goal.

In working with people to achieve long-term change, it has become crystal clear to me that while self-discipline has nothing to do with the process, there are other motivating factors. So what are the ultimate motivators? And how does all this relate to eating and weight loss?

The ultimate motivators

Ultimately, we are all motivated by pain or pleasure. Of the two of them pain, or more precisely fear of pain, is the more powerful. In our modern world, pain is usually emotional rather than physical. Pain may be that of humiliation or embarrassment. Such pain will motivate us to avoid, for example, speaking in public – the number one fear of the general population. But if we cannot avoid it, the threat of public humiliation will also motivate us to over-prepare the talk.

Fear of pain and pleasure can masquerade as self-discipline. Let me give you an example from my own life. At medical school, ‘Swot vac’ was the few weeks before exams at the end of each six-month semester. How we managed our study time in these weeks could mean the difference between a pass and a fail for those of us who tended to leave things to the last minute. One year I found it really difficult to motivate myself to buckle down and study. I needed buckets of self-discipline and the bucket was empty.

As with previous swot vacs, I started by developing a schedule of what I had to study and by when I needed to study it. I broke my days down into four study sessions of around four hours each. Then I worked out how many pages of lecture notes or textbook pages I needed to do per session. I realized that this time around, I was reasonably well-organized and had plenty of time – and that was the problem.

I knew from previous swot vacs that what really got me motivated was the fear of failure, the fear of the humiliation and the embarrassment of failing in front of my friends and peers. The problem this time was

that the fear of failure was simply not there and so neither was the motivation.

What to do? Realizing that I was ultimately motivated by the fear of pain, the solution became obvious – so I took two days off and went to the beach with friends. Problem solved. When I returned to my studies I was well and truly behind, the fear of failure was real, the motivation and ‘self-discipline’ appeared, and I was able to buckle down to my studies.

So why doesn’t the fear of the medical complications of obesity motivate us not to over-eat? After all it is an impressive list: Type 2 Diabetes, high blood pressure, stroke and heart attack, not to mention more mundane problems like arthritis of the knees. Doctors rely on exactly this fear of illness when they advise you not to eat the wrong foods and to exercise more.

The problem is ‘immediacy’. For fear to motivate us we need to have a sense that the pain is just around the corner and is obvious – that it is a ‘clear and present danger’. Even having some of these illnesses is not immediately obvious enough for some people. While a heart attack is pretty obvious, Type 2 Diabetes and high blood pressure are not. But when we have not yet developed any illnesses and they are sitting out there sometime in the future as nothing more than a ‘risk’ (which we all read as meaning that there is a good chance ‘It won’t happen to me’), they have absolutely no motivational power.

After some years of treating the overweight, it occurred to me that I did not have any patients who had had a stroke or a heart attack. A colleague of mine, an endocrinologist specializing in obesity, confirmed my suspicions – he had none as patients either. Clearly a stroke or a heart attack provides sufficient motivation to lose weight! I often feel that I am in a race with my patients to release their self-motivation before a stroke or heart attack does it for us – providing they survive it!

Another pain factor is the fear of embarrassment that we experience at those times when being overweight is brought home to us. It might be a social event and a frock that will have to stay in the wardrobe. It might be a comment by a friend, partner or acquaintance. It might be a result of

asking that time honored question to which there is no known correct answer: ‘Do I look fat in this?’ (The only advice I can give the hapless male caught in the crossfire of this question is to put your head down and run for your life. If you say ‘Yes’ you are in for it, and if you say ‘No’ you are not ‘being honest’, and if you hesitate you really mean ‘Yes’!)

Often the trigger is moving up a clothing size or out another notch on the belt. But the problem is the same – these motivators are not there at the moment in which we are contemplating eating fattening food. (Of course when I say ‘contemplate,’ I recognize that much of the time I’m talking about a decision process – ‘Do I eat this or don’t I?’ – that is over in nanoseconds.) Without immediacy, none of the motivators that discourage over-eating have any power.

Most problematic of all, as we will discuss in more detail later, our unconscious mind is there to prevent us from feeling pain. In this situation, our mind becomes our worst enemy as it very effectively prevents us from thinking about uncomfortable things like our high blood pressure or our diabetes at the very moment we are contemplating the chocolate brownie or the vintage cheese in front of us.

On the other hand, when we eat we do have an experience that is immediate – pleasure! It might be the pure sensual pleasure of eating tasty food or, more often, it is the emotional pleasure of eating. This is the ‘quick party’ that we try to have by eating our favorite foods. Either way, it is immediate. It is an unfair fight between pleasure and pain. *Pleasure always wins because it is armed with immediacy while the pain of being overweight is disarmed by being forgotten in the moment.*

We are particularly good at ‘forgetting’ the impact of immediate gratification on our long-term health. In Australia some years ago, a number of advertising companies were challenged to come up with an anti-smoking campaign for teenagers. Campaigns that focused on the longer-term health impacts of smoking had failed to impact on teenage smoking. Immediacy is the key.

Knowing that all teenagers are immortal, the most effective advertisement did not even mention the serious health effects of

smoking. It simply proclaimed that ‘kissing a smoker was like kissing an ashtray’. Not only did this highlight a clear and present danger with smoking, it threatened a pleasure that preoccupies many teenage minds.

On top of the immediate pleasure of eating, there is pain associated with not eating our favorite food. This is the pain of deprivation. Again, this sense of deprivation is immediate and it kicks in the moment we say to ourselves ‘No, I shouldn’t eat that’.

So, in that moment when we are contemplating eating our favorite forbidden food, we have the strong motivator of the promised pleasure backed up by the even greater motivator of the pain of deprivation if we don’t eat it. In that moment the threat of the pain of illness is irrelevant.

Self-discipline cannot compete

In this fight between pleasure and pain, self-discipline is completely outclassed. Like a meat pie in a bar brawl, it gets trampled in the fracas. Add to this the deep, old reasons why we over-eat and self-discipline becomes powerless and ultimately irrelevant.

Very recent research into how people control their food intake is telling us that we need to think very differently about self-discipline and recognize its limited role in changing eating habits.³ Self-discipline has passed its expiration date – there is a new kid on the block (or should we say: ‘food item in the fridge’?) To introduce self-discipline, let me tell you about a colleague’s rather confusing response on this subject.

I was at lunch with a couple of old friends, both psychiatrists, and, as I was thinking about the self-discipline conundrum, I asked them what they thought the concept of self-discipline was really about from a psychotherapeutic point of view.

³ For those of you interested in a good scientific review of this subject read: Lowe, MR. Self-regulation of energy intake in the prevention and treatment of obesity: is it feasible? *Obesity Research*. 2003;11:44S-59S.

Rather glibly one of them said, ‘Isn’t it just about habit?’ Now I wasn’t buying lunch, but I was looking for better value and something a bit more profound than this. I wanted an evaluation of a deep psychoanalytic construct as it related to the time and space continuum and all I was getting was ‘Isn’t it just about habit’. To be polite, I asked him to explain how this worked for him. He said that the way he managed to be so productive and appear so disciplined (knowing him well I can attest that he is, and does) was by having a highly structured day with well-established routines.

After a while, the conversation moved on to more interesting and sophisticated topics like what we got up to when drunk as medical students. But later I found myself wondering about ‘habit’ and how it related to self-discipline and to eating. I realized that just like a supporting pillar gives structure to a building, so a habit gives structure to our lives. We organize the human and nonhuman components of our environment around our habits.

If, for example, we are in the habit of skipping breakfast, then our family will not expect us to join them at this time at the table. Nor will our favorite, healthy breakfast cereal be sitting in the pantry should we decide to eat breakfast one day. On this basis, it is unlikely that we will be eating a healthy breakfast anytime in the near future. If, on the other hand, we are in the habit of taking out fish and salad every Friday evening from our favorite fresh seafood shop, we would be equally unlikely to eat an unhealthy meal on Friday evenings.

But what exactly are ‘habits’? We know what they look like – they are the same behaviors repeated over time. But how do we get to repeat the behaviors long enough for them to become habits in the first place?

The answer lies not so much in changing our inner world as in rearranging our outer world.

It is at this point that we come to see the difference between ‘self-discipline’, which is needed to change our inner world and ‘effort’, which is needed to rearrange our outer world. Effort is required when we *set up* our outer world, not when we are confronted with the problem or the food (which is when you need self-discipline). *The effort is in ‘pre-handling’ the problem.*

The power of ‘strategic structures’

Let me give you an example from my work as a relationship therapist of rearranging our outer world. Often, when couples come to see me, they have not spent time together alone for a long time, often for years. This may go back a decade or more to the birth of their first child. I explain that there are three things necessary to a good marriage after the birth of children and they are babysitters, babysitters and babysitters!

Wanting to oblige their therapist they say, ‘We will go and organize a babysitter for a night next week’. Having been obliged once too often in this way over the years I now say, ‘Don’t waste your time organizing it as a one-time thing. The next week, you won’t be able to find a babysitter at short notice, one of you will be tired, the other one will have worked late and it just won’t happen’. While they get annoyed at my lack of faith in them, I know only too well that we’re trying to break a bad habit of many years duration.

So I explain, ‘It takes almost as much effort to find a babysitter who can come next Wednesday as it does to find one that can come every Wednesday indefinitely. If we are going to make a difference here we need to organize the people around us. This of course will also mean organizing your children so that they understand and accept this arrangement.’

For the record, for more than a decade now, which is for as long as our children can remember, we’ve gone out on a ‘family night’ to a cheap local restaurant. For an even longer time, my wife and I have gone out on a ‘date’ every Thursday night after we both work late. Because I know, months in advance, that I’m not available on Wednesday and

Thursday nights, I organize my environment and my life around this fact. I doubt that it would be more than a handful of times in a year that either my wife or I could not make one of these nights.

By putting what I call ‘strategic structures’ in place through organizing our environment these habits become easy to develop and maintain. The key is that once they are in place, turning them off actually requires the greater effort.

Habits are built on 'Strategic Structures'.

When it comes to eating I have lots of strategic structures in my life. When we go to local restaurants we rotate between the ones we know serve healthy foods that we enjoy. When I’m at my medical practice, my receptionist has a list of three or four different healthy foods that she can choose to get me for lunch. I installed a water cooler immediately outside my office door so that it is easy for me to keep a glass of water on my desk. I bought green tea and have this instead of coffee. I then have two premium, rich chocolate chip cookies for my morning snack, but more about that later...

The reality is that setting up strategic structures is usually cheap; they just require effort, but often not a lot, at the outset. After that point, just like the point at which a builder walks away from a pillar he has just built into a building, things look after themselves. In fact, as with the babysitter who is going to turn up next Wednesday, *it takes effort to change the arrangement back to how it was before.*

If I told people that I drank two or three glasses of water a day and an equivalent amount of green tea, I would sound very disciplined. You won’t be at all surprised now when I tell you that on the days I’m not at my office my water and green tea consumption is at least halved! So much for self-discipline! Now you know the secrets behind the self-discipline myth. It is all about putting in effort to build the strategic structures – and it is not a lot of effort. How much effort does it take to

shop for green tea instead of coffee? In fact, so often, when it comes to weight loss, the effort is that of putting a shopping list together and going shopping.

As we go through the ideas I outline in this book I want you to forget about self-discipline and, instead, think about how you install a series of strategic structures in your life on which to build your habits.

Trigger control strategies

Controlling the things in our environment that trigger us to eat is a key part of the psychology of losing weight. Unlike the construction of strategic structures, this is not about forming habits as much as it is about recognizing that the human mind is easily tempted. Rather than trying to resist temptation, we are better off simply organizing our environment so that temptations are kept to a minimum – there will always be a few.

It is not a sign of weakness that we give in to temptation – I believe it is normal human behavior to do so. (Remember our heroin addict?) For example, one trigger control strategy in my life is that I simply refuse to go to restaurants that only have buffets. Surprisingly, I find this dogmatic stance rarely causes a problem. Maybe, deep down, other people intrinsically know the dangers of these dens of iniquity and vice – well, dens of temptation at the very least.

If a restaurant has a buffet and an a la carte menu, I will happily pay the extra money as I know myself only too well. Like all good rules, they are meant to be broken from time to time – we just need to break them on purpose and have some reason to do so.

Of course the astute reader will have realized that what I'm talking about here goes far beyond how we eat. These principles can be applied to many aspects of day-to-day life. In fact, you'll find that many of the strategies to deal with over-eating discussed in this book can be applied to many other challenging areas of our lives.

The reality is, given that food is the most addictive substance on Earth, the skills we develop to control over-eating will be amongst the most powerful skills we have to overcome a wide range of bad habits.

Chapter 3 – The sleeping dragon of rebellion

Eat, drink and be merry for tomorrow we diet.

Title of a paper by Urbszat, Herman, & Polivy

When it became evident that I had a cholesterol problem, as well as being overweight, I realized that whatever solution I came up with had to work for me for the rest of my life. A solution for just a few months was just not going to cut it. Being a particularly lazy psychiatrist I really did not want to put in more work than was needed to make a difference – especially if I had to do it for the rest of my life.

Equally, the prospect of giving up some of my favorite foods forever was too much to bear. Deep down I knew that if I had to sacrifice too much I'd rather stay overweight and enjoy a shorter life – such was my love of food. So, being acutely aware of the need to 'begin as you wish to continue' (as we discussed in Chapter 1) I spent a long time thinking about how to lose weight before I started.

One day, while I was still thinking, I was out to lunch with my old friend Flat Food Larry. He told me he was on this new French diet (well the diet was not new but his awareness of it was). He explained that on this diet as long as he did not combine rich carbohydrates with fatty foods, he would lose weight and, this was the kicker, he could eat as much as he liked while he did so.

In my most patronizing medical tone, I explained to him in the nicest possible way that he was a total idiot and a calorie was just a calorie; it didn't care how it was eaten. Well over the next few months he lost 15 kilograms (33 pounds) and I had to eat crow. In fact, crow almost became my staple diet when I saw him after that because I went on the same diet and also lost weight.

For the record a year or so later, after a trip to Europe, I regained all of the weight I had lost and realized that to make this diet a long-term, healthy eating lifestyle, it needed some refining. Focusing on the psychological issues, I lost the weight again and have now kept it off for five years. I know I won't have a problem keeping it off in the long-term. How can I say that with confidence? Simple. It is not particularly difficult – it involves little, self-discipline.

Ad libitum dieting

In a later chapter I'll explore why this diet worked at a physiological level but at this point I'm more interested in a key element of this diet – what is known as ad libitum dieting.

As I watched Larry eating a juicy eye fillet steak with a béarnaise sauce with vegetables (no potato or fries), followed by strawberries and cream, I thought, with great courage, 'I can do that'. In fact, I thought, I could eat that way forever if I lost weight!

This approach to ad libitum dieting was probably first popularized with the Atkins diet. Even though research shows it to be effective, I am otherwise not a great fan of the Atkins diet, but this allowance of unlimited eating was, for me, its greatest strength. The problem with the Atkins diet is that it causes deprivation at another level. Because it limits fruit and various vegetables that are higher in carbohydrate, people start to feel deprived of these foods. This was a serious problem. as later research into glycemic load

Unlike the Atkins diet, which I had considered briefly, the French diet allowed us to eat pretty much all foods – the main rule was that we could not combine foods rich in carbohydrates with foods rich in animal fats.

At the time I thought there was something magical about this separation of foods but I've since realized that the secret was as much at a psychological level than at a physiological level. Physiologically foods that are high in both rich carbohydrates and fat – what I call suicide foods – simply have more energy in them than we can typically hope to burn off, so we lay the excess down as fat.

What was so psychologically attractive about this rule was the message that I did not have to give up my favorite foods! Who could say no to that? The promise of not having to go hungry and being able to eat all my favorite foods – admittedly in lesser amounts and in different ways – got me in. After all, what did I have to lose – a few more weeks of staying overweight? I was planning to do that anyway! This approach allowed me to stop thinking about how to diet and to actually get started.

Like most diets, this one started with a harder initial ‘detoxification’ phase designed to give you the early reward of losing weight to motivate you to keep going. I think it might have involved giving up all alcohol for a couple of weeks – well, that wasn’t going to happen. I had read every article ever published by the medical profession on the benefits of a couple of glasses of red wine a day, so I knew that not drinking any alcohol at all was just plain silly! But even at this early stage in my weight-loss career I knew that fundamental decree ‘begin as you wish to continue’ as we discussed in the last chapter. Besides, I wanted to know if I would lose weight while still eating the foods I loved.

This meant that I lost weight more slowly – around a kilogram (2.2 pounds) every couple of weeks. But what was really cool was that I was losing weight without making any real sacrifices. Later we will talk in more detail about what the actual diet – more correctly: ‘healthy eating lifestyle’ – entails, but right now I want to focus on why I was able to eat this way for the long-term.

Because I did not have to count calories or avoid my favorite foods, I suffered no real sense of deprivation. It was not until I started reading the research into what is known as Restraint Theory that I began to see why this was so critically important.

Building the sensitive new age guy

This story begins in the later stages of World War Two. Did you ever wonder what became of conscientious objectors? Well, at least some of them at least, were experimented on. It was called the Minnesota Experiment. In an attempt to understand the experiences of their less

fortunate compatriots, healthy young men were starved until they lost 25% of their body weight over a period of six months.

While the focus was on the physical impact of this process, what turned out to be much more fascinating was the psychological impact on these healthy young men. Basically it turned into an exercise, way before its time, in how to create the ‘sensitive new age guy’. As these men lost weight, food became one of the key subjects of discussion. Menus, recipes and ingredients were hot topics. One man decided to become a chef. Most impressively, they replaced photographs of naked women on bedroom walls with pictures of food. At night the men even dreamed about food!

Now, remember, these were mentally healthy young men who were selected specifically for their ‘psycho-biological stamina’ i.e. their strength of character. Then the refeeding stage of the experiment began.

During the three-month refeeding phase, even when the men on the highest caloric intake were physically full ‘they wanted more – their appetites were insatiable.’ ‘The men continued to be concerned with food ... above all else.’ After the end of the experiment ‘gluttony’ was the rule as ‘generally, the men ate more food than they were prepared to cope with’.⁴ At follow-up over a year later a number of men exceeded their pre-starvation weight.

This finding, that the end result of restriction and refeeding may be an overall increase in weight, is perhaps one of the greatest concerns about dieting. More recent research has confirmed this problem, which is now known as ‘diet cycling’.

The Minnesota Experiment taught us a number of lessons, but most relevant here is the way in which these men became preoccupied by food and then over-ate, through being deprived. The big question is: do these

⁴ Franklin JC, Burtrum CS, Brozek J, Keys A. Observations on human behavior in experimental semistarvation and rehabilitation. *Human Behavior* 1948:28-45.

findings apply to the more moderate amounts of deprivation and weight loss seen in the typical dieter? Do they apply to you and me?

Restraint Theory and the 'What the Hell' Effect

Given the importance of the central issues of Restraint Theory, it is surprising that it is little known outside of select research circles.

It was around thirty years after the Minnesota Experiment that the research began with the seminal milkshake experiment published by Peter Herman in 1975.

Most of the research was done on college students. Why college students? Because they are cheaper than laboratory rats and don't have a powerful lobby looking out for their safety! They are also more gullible than rats – an important trait, as will become evident. And then there are some things that even rats just won't do! (Having been a cheap, hungry and gullible college student, I think I can get away with this!) Let's start with the milkshake experiment.

A group of college students made up of those who are dieting and those who are not, are told that the researchers are testing the appeal of different flavors of ice cream. As is sometimes the case with college students, what they are told is not quite the whole truth!

The first untruth they are told is that there will be a delay in the testing program as the researchers sort out some backroom problems. The students are told that as there is plenty of ice cream they might as well have a milkshake or two, or three... while they are waiting. The researchers carefully observe how many milkshakes each student drinks. They are then offered the ice cream. Again the researchers carefully count how many servings of ice cream each student eats.

What they found was that for those students who were not dieting, as was expected, the more milkshakes they drank beforehand, the less ice cream they subsequently ate. In contrast, the students who were dieting had the opposite result. The more milkshakes they drank beforehand, the more ice cream they subsequently ate!

The researchers dubbed this the What the Hell Effect. Basically, once dieters started to break their diet, they decided ‘what the hell, I’ve blown it now, I might as well have a good time’ and started rebound over-eating.

The Last Supper Effect

A related phenomenon is the Last Supper Effect. The paper that this chapter’s opening quote comes from described how the mere prospect of going on a diet affects some people. It is worth having a look at this research, not just because of what it teaches us about the tricks that we play on ourselves, but also because it is fascinating to see how many untruths researchers can inject into a single study!

The study was done on 46 female college students (for the usual reasons outlined above). The group contained women who were restricting their food intake (i.e. ‘dieting’) and women who were not. In return for course credit points (an outright bribe) they enrolled in a study that looked at the link between dieting and taste appreciation (a lie).

Half the group were not required to diet and were told they were simply there for taste testing. The other half were told that they would initially do a baseline taste test (another lie), they would then go on a diet for seven days (a bigger lie), and they would then be retested for their taste appreciation (a total fabrication).

The most elaborate lie is best presented here in their own words⁵: *‘The participants were shown the Canadian Government and University of Toronto approved student meal plan. This fictional low-fat, calorie-reduced diet plan consisted of breakfast shakes and pre-packaged Lean*

⁵ Dax Urbaszat, C. Peter Herman, & Janet Polivy. Eat, Drink, and Be Merry, for Tomorrow We Diet: Effects of Anticipated Deprivation on Food Intake in Restrained and Unrestrained Eaters. *Journal of Abnormal Psychology* 2002, 111:2:396–401.

Cuisine dinners that participants were told would be made available to them free of charge.'

You've got to give them credit don't you? That was clever: government-endorsed free food for college students! It was important, given the nature of this study, that the gullible, and relatively poor, guinea pigs believed they had to go on a diet. Next they were given a taste test with three different groups of popular cookies and the following instructions: *'This is a standardized task so you will be given a full 10 minutes to complete it. If you are done early, please feel free to help yourself to cookies – in fact, we have tons – but just make sure that you don't change any of your taste ratings.'*

So what did they find? The subjects who were about to go on the fictional free diet ate significantly more cookies than subjects who were not going on a diet. A previous researcher had aptly named this the Last Supper Effect. From an evolutionary point of view, if our food supply is under threat, it makes sense to eat up big while we still can.

You'll be undoubtedly relieved to know that, in the end, the students were fully debriefed on how and why they had been duped by the researchers.

Even with no obvious threat, we are very much designed to feast today as a famine may be upon us tomorrow. In the developed world, we can happily feast every day without concern for the future. The world that we were designed for is not as far away as you might think – it can be reached by boarding a flight to your nearest developing country.

It is a sad paradox that the greatest health problem in the developed world is being overweight while the greatest health problem in the developing world is being underweight!

The Mental Gymnastics Olympics

So we know that the prospect of going on a diet is enough to trigger over-eating. To make matters worse, often what happens is that we plan to go on a diet, eat up big, and then don't go on the diet at all! How's that for some elaborate mental gymnastics?

Another mental gymnastic feat that has been observed is how people who are to attend a party or buffet dinner in the evening, knowing they are likely to over-eat, will start eating up big in advance. Just knowing that at some later time we are going to over-eat allows us to start doing so immediately. There's no time like the present!

Let me tell you Martha's story. She was a 55-year-old, very obese woman in group and individual psychotherapy for longstanding difficulties in establishing intimate relationships with both sexes. She was a social worker who had few relationships outside of her conflicted, enmeshed relationships with her parents – especially her mother.

In therapy, she identified how, when she was a child her distant, non-demonstrative, and frequently critical mother had repeatedly invalidated her emotional responses to the point where she became deeply confused by, and disconnected from, her emotional world. In short, because her mother always told her what she was 'really feeling' she no longer understood her own emotions. Without her emotional guidance system she had great difficulty navigating her way through relationships.

In the course of her therapy attention turned to her weight and the meaning it held for her. But it was not until she was asked to complete an eating awareness diary, that this became clear. My instructions were 'don't change the way you eat, in particular don't try to make yourself look better than usual'.

In a clear case of the Last Supper Effect, Martha opened her next session by saying that her food choice had actually worsened just by keeping the diary. (This is unusual, despite my instructions, most people cannot stop themselves from wanting to look good.) Her intake of sweet foods, e.g. candy bars and doughnuts, had increased significantly.

Now this was a bit different from the usual Last Supper Effect because I had not even begun to talk about going on a diet – but of course, her mind saw it coming! We had awakened the sleeping dragon of rebellion and it had leapt into action! The tricky thing about this dragon is that it goes about its business quite unconsciously – a process we will discuss in more detail when we explore self-sabotage.

Further exploration uncovered the insight that the only way in which her mother had ever nurtured her, that had had any value to Martha, was by providing full (and fattening) meals. Unconsciously, she had sensed a threat to the only reliable form of emotional nurturance she had ever known. Our unconscious has an uncanny awareness of what it perceives as a potential threat. Unfortunately, it has no concept of the passage of time and that our circumstances change.

While this underlying problem was not dealt with, any attempts to lose weight would go the way of all Martha's previous attempts – of which there had been many.

What does it all mean?

Bringing all this together, we are left with a clear message.

Restricting or depriving ourselves of certain foods is the beginning of a sabotage process that will ultimately bring our dieting undone.

Often, as we have seen, even the mere prospect of dieting can cause us to rebound into over-eating. Deprivation, of anything, has powerful psychological ramifications for us all – we don't like it and we will do almost anything in our power to overcome it. Underestimate this force at your peril. But this is just one aspect of how we sabotage ourselves. Let us now add two other dimensions to deprivation and look at how we can sabotage ourselves on a daily basis.



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