

Chapter 1

Integrated Weight Management Therapy

When we make the decision to seek counseling it's rare that we show up with a single complaint, problem or challenge. Instead, we usually present an assortment of compounding and confounding problems that are affecting our lives in various ways. Compounding problems can be described as depression, anxiety, weight gain, stress or trauma that may be exacerbated by unrelenting worry, social isolation or addiction¹. Confounding problems are our unique concerns that are associated with our family, gender, race, culture, relationships, spirituality, sexual orientation, and of course, body image.

Integrated weight management therapy (IWMT) [11] evolved from the inpatient and follow-up treatment of individuals diagnosed with two or more (dual) conditions affecting their mental and physical well-being. Through intervention, observation, and analysis, it was clearly evident that one intervention (medical or psychological) often failed to address the complications of dual diagnosis. Moreover, by focusing on diagnoses, labels and treatment regimens, a singular approach could lose sight of the unique and wonderful person who'd entrusted us to care for their wellbeing.

In a multi-disciplinary practice we took the approach of inviting patients to prioritize problems they wished to address, and matched these problems to effective interventions and practitioners. We found this integrated care approach (medical and mental health) was beneficial for all involved, and the BreakThrough! programs have evolved accordingly.

IWMT Theoretical Foundation

IWMT is a structured approach that blends psychological theories, research, and solutions (as well as experience, humor and common sense) to explore why we eat the way we do. This chapter discusses elements of IWMT with the goal that you'll gain an understanding of the process and application of psychological inquiry as it relates to implementing behavioral change.

¹ Addiction in this context may be viewed as any activity, obsession, or substance use that significantly interferes with daily responsibilities and relationships

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Motivational Interviewing

IWMT draws from concepts and techniques drawn from Motivational Interviewing (MI) to assess readiness for change and surface concerns you may have regarding your motivation or readiness, self-view, and other concerns [12]. MI is a form of therapeutic inquiry that aligns practitioners with where an individual is on their journey from contemplating to implementing change. Importantly, MI supports the identification of self-defeating and self-destructive beliefs and behaviors. (The techniques also work great in communicating with children and teens).

Everyone has a unique sense of their readiness or “dreadiness” for embarking on significant life changes. Because of that, individual motivation can range from denial to apathy, apprehension, resistance, openness, willingness - all the way to enthusiastic commitment! When faced with making changes however, most of us tend to focus on tasks (intellectual) and often underestimate the **emotional** impact of those changes.

Recognition: *What changes are you ready to make at this time in your life?*

Recognition: *What benefits or reward motivates you to try doing something new or different?*

On a scale of 1-10, 1 being “heck no!” and 10 being “bring it on!” Where are you on the spectrum from apathy to enthusiasm? If you’re not particularly enthusiastic, what might help you to move up the scale?

Describe any fears or reservations you may have starting this program

IWMT & Attachment Theory

Attachment theory (AT) focuses on a child’s bond with their mother through early stages of development (0-5 years). Food is one of our earliest emotional attachments, so in a course of this type, it’s important that we have an awareness and understanding of our basic attachment style(s). From infancy we learned to associate the feelings of comfort and security with the provider of food (usually our mother). The type of care and responsiveness significantly influences the nature of our attachment style. Without intervention, the style (or blend) that develops during infancy and childhood, tends to remain as we mature into adulthood.

Four basic attachment styles are identified here: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. Elements of each style are found below, however most people will have a blend of attributes. Research suggests that the three insecure modes give rise to an external (vs. internal) locus of control or sense of well-being. An external locus of control simply means that we’re more likely to rely on, or seek, the approval (or positive attention) of others to feel good about ourselves.

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Anxious - Preoccupied

- Early attachment needs were unsatisfied or inconsistent
- Left craving love, nurturing and intimacy
- Begin to doubt that they're worthy of love
- Trained to expect conditional approval - makes it difficult to trust
- Desperate but unsuccessful attempts try to please a parent
- Alternates between distancing in resentful hurt and anger and desperately wanting attention
- Hypersensitive to criticism
- Emotions may escalate quickly if demands or need for reassurance is unmet
- Past experience with abandonment, rejection, or inadequacy can cause emotional flooding
- Sometimes hard to separate what happened in the past and the reality of a present situation

Dismissive-Avoidant

- Early attachment needs were unsatisfied or met inconsistently
- Makes the decision that close relationships with others are unnecessary and messy
- They distance or attempt to wall off painful memories from an early age
- Struggle to develop emotional intelligence or sensitivity
- Willingly put on a suit of armor that shines with confidence but effectively hides deep insecurities and social awkwardness
- Professional endeavors are likely to be successful but left unchallenged it's easy to develop compulsive or self-centered traits
- May turn to partners who do not need authentic intimacy to meet their needs
- With maturity recognition that they settled can be painful, frustrating and lead to the onset of deep depression

Fearful-Avoidant

- Early attachment needs were unsatisfied or inconsistent
- This individual still wants to have meaningful and deep relationships with others
- May have experienced maternal neglect, abuse or significant instability such as abandonment, divorce, or foster care placement
- Maternal figure is avoidant and discouraging of dependency
- A pervasive fear of rejection, a deep-seated distrust of others, and low self-worth, hampers the development of relationships
- Wants to be close with others but when the vulnerability and fear takes over they withdraw
- Feel as though they can never escape a sense of emptiness
- Feel that they can never do or be "enough"

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Recognition: *Place a checkmark beside any of the attributes that describe your early interactions. Identify any associations to people past and present.*

Which attributes continue to trigger unpleasant reactions or emotions?

Can you prioritize 3 of these that you'd like to address?

AT & Emotional Dependency

Those of us with dependent styles, who feel our needs aren't being met in relationships with others, may turn to behaviors such as excessive volunteering, gambling, smoking, eating, work, gaming, shopping, substance abuse, or even infidelity. Why? Because these behaviors provide temporary, mood-altering relief from how we're feeling at the time. When we're down, it's our natural default (and coping strategy) to do things that make us feel better. However, any cycle of emotional dysfunction that leads to an increase in the frequency of mood-altering activities, will likely result in internal conflict. Internal conflict (I shouldn't have...) increases fear-based feelings such as anger, hopelessness, or even despair. These reactions in turn lead to the development of depression and anxiety disorders. The challenge with dependency is to be willing to explore destructive and self-defeating cycles and identify our emotional triggers.

Recognition: *Describe how you may act out or self-sabotage when your needs (or validation) are not met by others?*

How do you feel afterward?

Adler and the Family of Origin

Family of Origin Theory (FOT) is based on Adler's observations that our early family environment and experiences significantly influence the development of our personality, our thoughts, emotions, preferences, and behaviors [13]. His work in large part led to the understanding of how a person's sense of inferiority or superiority is influenced from birth. Adler recognized that parents, mentors, teachers, and peers play a critical role in the development of our identity (self-view), resilience, drive, and ultimately, our happiness. Initial screening interviews and assessments, indicate that very few course participants report happy or secure FO environments and experiences.

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For various reasons, (including the questionable mental health of our parents), some of us may have endured, rather than enjoyed childhood and adolescence. Unfortunately, the resulting low self-esteem, harsh inner critic, and mood disturbances (such as pervasive depression, anger, or anxiety) often shadow us when we leave home. Typically it's not until things begin to go wrong, or we experience disappointment, that we have reason and motivation to question our thoughts and feelings. Unchecked, a negative legacy can overshadow our lives; influencing many of our decisions and actions. We'll explore these influences so it becomes easier to identify particular vulnerabilities to psychological distress. This recognition helps us manage our responses to situations that in the past have prompted impulsive (spontaneous) and compulsive (repetitive) mood-altering behaviors.

Recognition: *In general how would you describe your early influences?*

Relationships

An entire chapter of this workbook discusses relationships and the associations with emotional eating; however, some other factors often surface early in group discussions. An unexpected trend emerged in earlier work. A high percentage of female participants diagnosed with obesity reported being abandoned or rejected by a parent at an early age. Feelings of abandonment and rejection are intense and probably the most debilitating sources of psychic pain. What often surfaced in sessions was that the expression of pain (hurt, anger or both) was unconsciously projected onto the relationship with the remaining parent, partner, or a caregiver. In cases where the relationship was strained or unhealthy, it was often a significant trigger for emotional eating. When fears of inadequacy are present or unresolved, it's difficult to have authentic, meaningful, and supportive relationships with others. After a while, there may be pervasive apprehension or outright fear of being judged or found "wanting" in some way coupled with the thought:

"If you really knew me...you wouldn't like me."

Recognition: *If you've ever felt this way, what impact have thoughts like these had on your friendships or relationships?*

Course participants often report that shame-based beliefs, feelings of inferiority and for some, guilt, stem from their childhood experiences. Quite often, these negative self-views are the byproduct of toxic, conditional love at home (I love you **but**...) or fostered by racism, prejudice and marginalization. Unfortunately feelings of inferiority may be further reinforced by neglect, emotional, physical, and sexual abuse.

Recognition: *If you experienced conditional love or abuse, please describe how this may still affect how you feel about yourself.*

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The child who's raised in an abusive home often internalizes additional messages...**not only am I not enough...I don't matter...and what I want doesn't matter.** There are few self-beliefs that inflict more psychological pain than "I don't matter." Across several chapters we'll explore these long-held messages and beliefs in order to reframe our psyche and sense of identity within the space of our mature mind.

Recognition: *Describe an experience where you were treated dismissively*

Transactional Analysis

Berne introduced Transactional Analysis (TA) as a therapeutic theory and brought attention to concepts such as the games people play and roles individuals may assume within relationship dynamics. Anything that prompts emotional instability can result in the desire to mood-alter or self-soothe through the consumption of food. TA is featured in Chapter 9 and illustrates how differences in communication styles lead to conflict, affect relationships and prompt cycles of emotional eating.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is often the intervention of choice for effective behavioral change and weight loss programs. CBT is based on the principle that dysfunctional thinking gives rise to the development and maintenance of psychological distress. A simple way of looking at this is that ***what we think is keeping us stuck!*** The emphasis of CBT is to help people examine self-defeating behaviors and how these may be affecting day-to-day functioning. CBT isn't overly concerned with the psyche and past, but is present directive. It encourages setting realistic goals, and actively employing skills designed to promote positive behavioral change. Dialectical Behavioral Therapy (DBT) is also directive with specific techniques that help with positive emotional regulation. A more recent development, solution-focused brief therapy. (SBFT) is very effective at addressing specific situations such as quitting smoking or planning your strategy to distribute lottery winnings (see page 8 for mailing information).

Addiction and "Enough"

In an era of social influences that glorify excess, it's difficult to appreciate the concept of "enough." **The concept of "enough" is essential to our sense of well-being.** If we don't have a realistic self-view, a sense of purpose, and meaningful relationships, we may feel as though we're "not enough." That we haven't accomplished "enough" or that we never have "enough"...regardless of what "enough" might be. Take time to reflect on, and quantify what represents "enough" in your life. A colleague of mine (30 years sober) leads large groups of physicians in recovery from addiction. A former addict, her opening introduction is directly on point: "My name is X, and my drug of choice is MORE!" She would remark that during her addiction, even if a shipping container of opiates was delivered to her back door, she'd still feel as though there wasn't enough.

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The sense of emptiness that accompanies thoughts of “I’m not enough” or “I’m not okay the way I am” is debilitating. For most of us, food becomes our “go to” or default for reducing psychological and physiological distress. Participants in BT! groups often share the following:

“For a little while, food fills a void in me.

When I feel full, I don’t feel the pain.”

Feelings of not being “enough” can be intertwined with loneliness, rejection, and a sense of being different. Being overweight can heighten these feelings and result in paralyzing pain. It may prompt deep-seated fears that no matter what we do, we’re constantly being judged for our appearance. Unchecked, this fear can lead to a semi-dysfunctional form of agoraphobia.

In past groups, as many as **8 of 10 participants reported spending the majority of their non-work time at home** (and that was before the Covid pandemic!). If they went out for a walk, it was after dark when there was less likelihood of being seen by others. They’d shop late at night when stores weren’t as crowded and fewer people would see what they were buying. Others shared stories of situational anxiety related to public places such as restaurants or crowded venues. They were convinced that when they walked through the door or tried to find their seat on a crowded plane, all eyes were judging them with a mixture of hostility and disgust.

Recognition: *Please describe how concerns with self-image or your weight may have caused you to avoid activities or places you used to enjoy.*

Rational Emotive Behavioral Therapy

Rational Emotive Behavioral Therapy (REBT) [13] is a practical approach designed to foster behavioral change. Ellis’s theory was “If we change how we think about ourselves; everything else changes in turn.” This may be overly simplistic, but this is one of the fundamental concepts to building a positive, engaged, healthy sense of self. REBT focuses on several components: Action, Beliefs, and Consequences.

Action + Beliefs = Consequences

When we pair what we **Believe** with **Action** of some sort, there will be **Consequences**. Some consequences may be positive, others not so much. The goal of this approach is to examine how our **Beliefs** manifest **Consequences**. For example, if we (unconsciously) **Believe** and project that we’ll fail at something, we may not put forth the **Action** required to succeed. The **Consequence**? A less than desirable outcome that may invoke feelings of defeat, loss, regret or possibly shame. Let’s begin to identify negative, self-defeating beliefs we have about ourselves.

Recognition: *Write down a few self-defeating beliefs or thoughts you’ve experienced recently.*

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Our thoughts affect our happiness and certainly our potential. While in BreakThrough! you'll be encouraged to evaluate beliefs you hold about yourself. After **A**, **B**, and **C** have been explored, Ellis adds "**D**" to the equation. **D** is the technique of **D**isputational Analysis (more simply known as disputing). We may discover we have an inner critic that says nasty stuff to us. When we examine our **B**eliefs, we quickly realize that there's no place for that mean self-defeating voice in our life. Disputing is the technique of saying to ourselves something like..."That may have been true at some point; but it's not true now." For those of you who like algebra; $DB = AC$.

Mindfulness

Mindful awareness is integrated into the development of strategies and coping skills once **choice points** have been identified. **Choice points** are those nanosecond insights when we recognize a situation can go one of two ways, and we have a small window of opportunity to choose the outcome. In relationships, the **choice point** may be simply recognizing the moment where we can choose peace...or conflict. With food cravings or binge urges it's that moment when we **recognize our opportunity to choose health over indulgence**.

As the concepts from BreakThrough! are assimilated, mindfulness-based stress reduction (MBSR) [14], dialectical behavioral therapy (DBT) [15] and other similar approaches, provide powerful tools to reinforce the gains that have been made [16]. These skills are designed to help recognize and reduce stressors, as well as increasing our tolerance of negative emotions, decreasing critical self-condemnation, and enhancing our problem-solving capabilities [17]. Mindful awareness helps us develop **R**ecognition of our state(s), build **R**esistance, and ultimately maintain **R**esilience and **R**ecovery.

Discussion

One of the goals of this course is to help you appreciate and enjoy life as you experience it now. Recognize that you're working on dreams and goals at your own pace and that's enough for today! **Being present in life and living at the pace of life are gifts that keep us centered** and allow us to give the best of ourselves to others. When we're centered and content, we're more likely to view our lives and surroundings without the weight of judgment, bias or expectations. For various reasons, there's little in this course that touches on religion and issues related to specific cultures and faith. This isn't an oversight. One's faith is typically tied to our family, community, and origins. If you have a specific faith and meditative or prayer practices, you're encouraged to align these with the process of taking your journey through BreakThrough!

The term "soul" is used interchangeably with "psyche" in this workbook and acknowledges the Greek origins of psychology. "*Psyche*" was the term Socrates used when discussing matters of the soul. Well before Westernized mindfulness practices, discussions of "soul" and "spiritual awareness" were considered integral to the practices of psychology, psychiatry and psychotherapy [18]. Plato introduced the term "*Therapeia*" meaning "service" or

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“care”. This characterization of “therapy” invites us to pay attention to our everyday specific needs, rather than seeking a cure after things have fallen apart [18]. As you gain awareness of your needs or challenges, you’ll learn to harness and trust your inner coach to help keep your psyche (or soul) aligned with your life.

All of us transition through distinct cyclical phases across our lifespans; sometimes several times. The emotions associated with these phases and changes, range from optimism and exhilaration through darkness, apathy and despair. That said, **all changes, and even conflict in life are helpful. They provide us with the opportunity to sort out what we want and make choices that align our focus and energy with our dreams and desires.** Typically there’s some pain that precedes the sorting out period. Then there’s a period of relinquishment where we let go or give up things we don’t want for ourselves. What follows is a period of settling where we enjoy what we have with feelings of achievement and contentment. If this peace is disturbed, it’s likely we’ll again transition through these phases. This process captures the beauty of our human existence and our magnificent power of choice. It’s a natural process that helps us transition from pain to purpose-driven lives. Resisting change simply creates internal conflict. If we can view our journey with the expectation of experiencing these phases, we’re able to free ourselves from the chains of the past and experience the joy of our reaching for our potential.

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