

# no-weigh

## Six session well being and fitness program

### Introduction.

This weight management program offers coaches and practitioners a proven framework to use on clients who want to lose weight and become fitter. The no-Weigh formula is based on practical ideas and techniques from Neuro Linguistic Programming (NLP) and Solution Focused Hypnosis (SFH).

### Program structure

The program consists of three phases. Each phase consists of NLP/Hypnosis exercises plus written/home assignments, such as keeping a food diary.

**Phase 1.** Pre Talk & Prep. Golden Rules of weight loss.

**Phase 2.** Dealing with Emotional Eating and compulsions.

**Phase 3.** Dealing with increase motivation for exercise.

### Phase 1 Pre Talk

#### The Golden Rules of Weight Loss

- 1. Eat mindfully.** It is the stomach that is responsible for sending 'stop eating' signals to the brain. When we rush eating we don't give the stomach/brain messaging service a chance to work properly. Quite often we have finished what's on our plate before we realise we have eaten too much. By eating mindfully, savouring every mouth full we give ourselves the chance to feel or sense the 'stop eating' signals.
- 2. Eat only what you want.** If people eat foods they really don't like then they are developing an even more unhealthy attitude to and relationship with food. If the client stocks only horrible processed low fat meals, yucky substitute chocolate and other tasteless artificial low fat products that they don't like, then that will only serve to make 'food' more of a problem. By eating mindfully we suggest that a person can eat what they want **because they will not eat to excess** and will enjoy what they eat therefore developing a healthier relationship with food as a whole.

**NB. Some clients have greater challenges due to due to age, illness or other reasons and may require acknowledgement and validation of the 'extra' effort required by them to achieve a succesfull outcome.**

**If a person's metabolism has changed, due to illness, age or any other factor and they are maintaining the same eating patterns they had when their metabolism was higher, and are thus putting on weight, it may be they still have the identity of the thin person they used to be. If so then they need to be helped in facing up to the changes in their body functioning. However, they are still subject to the same physical laws as everyone else, and should be reminded that their weight gain is a result of taking in more calories than they are burning up.**

Telling anyone that you can eat what you want raises the obvious question;

***"If I have a diet consisting of chips, cakes, and other fattening foods, will I lose weight as long as I eat mindfully?"***

The answer to this is a categorical **no**, the reason being that certain foods effect blood sugar levels and metabolism in ways that make us hungry for fats and sugars. The client must accept that their low metabolism is due to dieting (starvation) and eating high sugar foods. They need to get their metabolism rate up and therefore although golden rule number 2 says eat what you like this is not a free pass to eat huge amounts of junk. It is much more of an away from strategy, inasmuch as it is about avoiding low fat unappetising foods and feeling like you are denied what you want. Sure clients can have chips and chocolate if they really want it (they need to feel no food is prohibited), but just like most thin people they wouldn't want to eat those kind of foods all the time.

- 3. Stop eating when full.** By eating mindfully clients can begin to kinesthetically sense the 'stop eating' signals arising in the stomach. Psychological factors that override these signals can be;
- a), *"It is a waste if I leave food on the plate"*. This programming may come from childhood, perhaps being made to feel guilty if they didn't eat what mum had made a special effort to cook.
  - b), *"There are starving people in the world"*. The easiest way to address this issue is to say to your client that the food is already spoiled as soon as it is cooked and put on the

plate. Whether it is wasted by being being put in the bin or by being put in an already full stomach it is still wasted.

**NB: Sometimes the person's 'stop eating' signal is a visual one, when they see there is nothing left on the plate, rather than a kinesthetic one of feeling full from stop eating signals.** Examining your client's personal history around food can draw out why natural 'stop eating' signals are ignored.

**4. Exercise more.** Exercise will raise metabolism and burn calories. This is the area clients struggle with the most along with alcohol intake. We will cover specific exercise motivation strategies later in the program. For now it is only important that your client agree that exercise is essential to them losing weight and managing weight long term. If you sense any secret hope in your clients that they will be able to follow just the dietary part of this program and ignore the exercise component you must challenge that thinking.

There is no point in moving on with the program if the client is secretly thinking “I'll take some of this help and ignore the stuff that doesn't suit me”. Your job as practitioner is to lead the client to accept all the golden rules because they are guaranteed to work if followed properly (which they are).

Many clients will already be experts in the theories of weight loss. They will have read the books and done the research, perhaps more than you. They know that eating less and exercising more will cause them to lose weight. So why go to all the trouble of laying this ground work?

Firstly, some clients may not have accepted the truth of this (denial). Secondly, most clients will benefit from being reminded of these facts. Thirdly, being aware of the science yourself gives you credibility. Finally, by being explicit about the principles upon which your program is built is just good practice. It establishes a clear route map to success which can be tracked and verified.

The worst way to go about losing weight is to go on an extreme diet and do no exercise.

As the practitioner your job is to lay out your alternative approach to diets which is to eat what you enjoy but eat less. You must explain the proven psychology/physiology behind this theory and why it is the best chance they have of achieving their weight goals.

Many people who want to lose weight have years of experience in

yo-yo dieting, gaining weight each time they 'fall off the wagon', this would suggest that they already know diets don't work. BUT even so, many will still have deeply held suspicions as to how a weight loss program that doesn't involve dieting can work.

They usually also have a fear that if they follow this program they will gain weight, after all eating what you like would seem to suggest that's exactly what would happen.

**It is worth pointing out at this point that although one of the golden rules is "eat what you want", there is quite a lot of scientific evidence to suggest that certain types of foods are bad for you if you want to lose weight. The aim of the no-Weigh program is to turn the client's thinking around into making healthy choices rather than believing they are on a 'restricted' diet of some kind. They can still be influenced to avoid certain foods as this becomes a choice for them and not a restriction.**

So you as the practitioner need to lay out your stall as it were and get the client to join your model of the world.

This involves reassuring them about the success of the program (use evidence of success, perhaps the fact that you have used it yourself, any scientific evidence such as that stated in this manual or any other evidence to back up your claims.

Paul McKenna's book 'I can make you thin' and TV show of the same name contain testimonials from many people about how successful this kind of approach has been for them. Paul McKenna's weight loss system is heavily influenced by the NLP 'slender eating strategy' credited to Connirae Andreas and first published in her book 'Heart of the mind'.

During the pre talk/preparation phase you need to address any concerns the client has about anything at all. For example, do they question your credentials, do they fear they will put on weight if they follow the no Weigh program, do they have concerns about practical issues such as time for exercise, money for shopping, their ability to cook, or simply a deeply held belief that no program will ever work for them.

These issues (or objections) are addressed by a full and frank discussion of why people put on weight, the physical processes related to feeling hungry and eating and how the naturally slender eating strategy is the best way to address those issues. The following section gives some guidance as to the kinds of things to include in your own pre talk.

## **1. Calories in Vs calories out.**

A simple formula to explain why people put on weight is:

**Weight = Number of calories ingested versus number of calories used.**

If the number of calories ingested is more than the number of calories used by the body then the body stores the excess calories as fat cells.

You will hear many arguments and explanations trying to get away from this basic fact. The most common is to point out that two individuals of the same age, eating the same food and having the same level of activity can have widely different responses to weight gain. One of them can put on weight while the other doesn't or even loses weight. This is still a function of ingested calories versus calories used. The difference in weight gain between the two individuals is mainly down to metabolism and activity levels.

## **2. Fat cells**

The average person has between 30 and 40 million fat cells in their body. Fat cells are never eliminated, they only shrink. After starving themselves on a diet people will tend to binge when they come off. The client may identify with this. After binging, weight increases and so do the number and size of fat cells. This means yo-yo dieting increases the number of fat cells in the body and their size by up to 3 times. Overweight people already have enough challenges due to having more fat cells than normal, therefore *to diet and increase fat cells is contrary to any sustainable weight loss goal*

## **3. Metabolism.**

*Basal metabolism* is responsible for two thirds of the calories that the body burns everyday. Basal metabolism is the basic process of maintaining heat in the body. Some people burn more calories than others to accomplish this.

### **3a. Dieting and Metabolism.**

Dieting (suppressing food intake) results in the basal metabolic rate being substantially lowered. This is because the body reduces its metabolic rate to compensate for the reduced calorie intake. The body is being starved and it reacts by reducing it's metabolic

rate and thus conserving calories. Although a lowering of the metabolic rate while dieting seems grossly unfair, the body is in fact doing what it does best...being highly adaptive. It follows that the key to effective weight loss is to have a sustainable lifestyle where the calorie intake is lower than the amount of calories being burnt up by metabolism.

This normally involves eating less and exercising more. However as we will see in later sections certain things raise the metabolic rate and when we speak of a sustainable life style we are talking about a normal eating plan that still burns up more calories than ingested. Basically as *people's basal metabolic rate increases due to the kinds of food they eat, how they eat and the exercise they do then the more calories they burn.*

#### **4. Exercise**

A lot of clients that I've worked with, wished at heart that sustainable weight loss can be achieved by cutting down on calories only, or eating certain types of foods such as only protein. *However, as much as this may be wished for it simply will not work long term. It may work short term but as we have seen leads to yo-yo dieting, an increase in fat cells and a putting on of more weight.*

In order to eat less we need to consider the clients life style, why they eat (perhaps for emotional reasons), if they eat unconsciously and many other factors. If possible, before asking the client for all these details it is advantages to give a brief outline of why people get hungry. This is because many people associate the stomach with signals of hunger, when in fact, it is a completely different psycho-physical mechanism that tells us when to eat. And it is this mechanism that must be taken into account when choosing the types of foods to eat.

#### **5. Why we get hungry**

For most people hunger is experienced as 'stomach pangs'. This suggests that when the body is deprived of food the empty stomach sends messages to the brain. However, patients who have had their stomachs removed due to sever ulcers or cancer still report feeling hungry.

##### **5a. The hypothalamus and related systems.**

Latest research suggests that it is the brain that is responsible for 'start eating signals', more specifically the hypothalamus and other related systems. This part of the brain monitors blood sugar

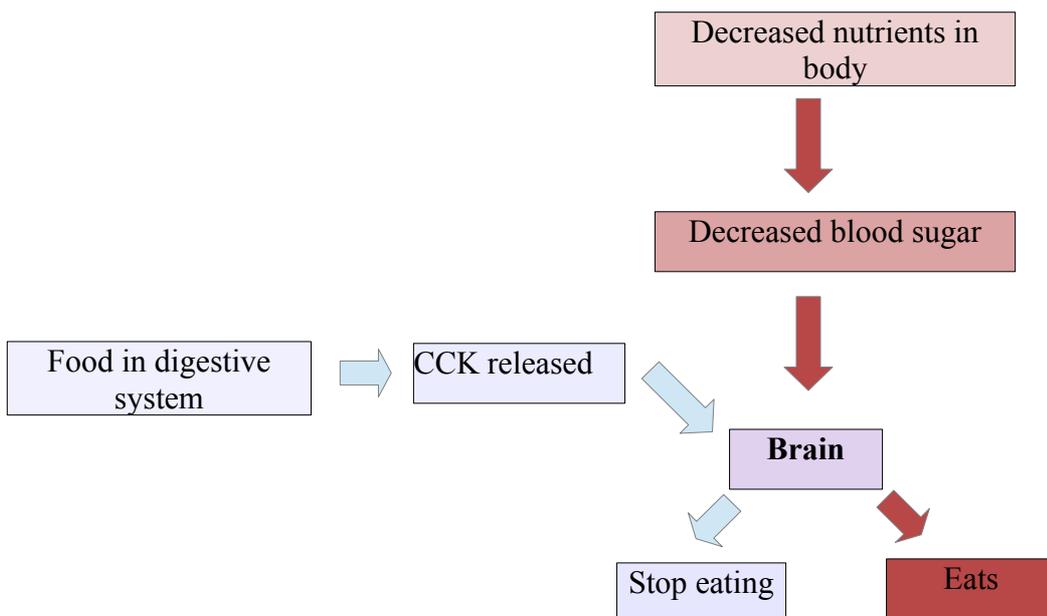
levels in the body. As blood sugar levels drop, organisms are motivated to replace nutrients by eating. This has huge implications for the type of foods that effect this system.

Recent research suggests that both hunger and metabolic rate can be changed by the foods we eat. The key to which foods are beneficial to weight loss lies in their relationship to insulin as it is the hormone insulin that regulates blood sugar levels(which the brain detects). After sugar is consumed, insulin levels rise. The insulin then removes sugar from the blood , causing blood sugar levels to fall and a feeling of hunger. This cycle takes about two to three hours. If the type of sugar ingested is glucose (the type found in sweets and cakes) the rise in insulin and the resulting fall in blood sugar level is very steep. If the type of sugar ingested is fructose (found in fruit and now sold as alternative to sugar) the rise in insulin and fall in blood sugar level is much less pronounced therefore taking longer for the brain to send it's 'eat something' signal.

### 5b. Signals to stop eating.

Although research shows that the stomach is not responsible for 'start eating' signals, it does seem to be responsible for 'stop eating' signals. This seems to be due to the production of a hormone called CCK, which again is picked up by the Hypothalamus and related systems.

A diagram of the interaction between brain, body, start eating signals and stop eating signals is shown below.



## **Conclusions of Pre Talk.**

From the facts presented we can draw certain conclusions.

1. Putting on or losing weight is a function of calories ingested versus calories used
2. Two thirds of calories used are to keep the body heated (basal metabolism)
3. Dieting (starvation) lowers metabolism. The body adapts to less food by lowering metabolism.
4. Foods that cause steep falls in blood sugar levels generate hunger.
5. Exercise raises metabolism over time (and burns calories)

Thus we come back to the basic premise that the practitioner's goal is to assist the client in eating less and exercising more. Only this will bring about sustainable weight loss. Any other approaches, arguments or theories put forward by the client must be countered by these principles. This might seem obvious but you may come across clients who think there is an answer to weight loss outside of this approach (which is why many of them have tried the hundreds of fad diets out there).

By putting forward this model for weight loss the practitioner achieves several important objectives. Firstly he/she sets a framework in which success can be measured. The practitioner lays out a clear concise and provable model for weight loss, and perhaps most importantly of all, the practitioner builds trust in the client as being an expert in the field. I have been surprised again and again by practitioners who offer a weight loss service but know little or nothing of the basic principles of metabolism, hunger or workings of the brain with regards to weight. The above principles are not exhaustive but they form an evidence based big picture theory of why people put on weight and what they have to do to lose it. What is important is that you come across as a credible practitioner who knows their stuff. The client should already have faith in NLP and hypnosis, they must also have faith in you and believe you know what you are talking about. The details given here are just a sketch, I would suggest further reading and research on your own part until you feel you know this subject well enough to talk confidently about it and be able to back up any claims made. **NB, even if you have successfully lost weight yourself I would suggest developing some 'scientific' knowledge of the subject.**

## **Final thought. Motivational issues.**

Given the facts of long term sustainable weight loss, how can a practitioner or therapist best assist the client in changing their

thoughts, feelings and behaviours around food and exercise. After all people don't just eat when their blood sugar levels drop, they don't stop eating when their body gives the 'full signal, and they don't exercise even though they know intellectually it will burn calories and effect weight loss. The reasons for this can be broadly categorised under **Motivation**.

We can say that people are not motivated to eat just when they are hungry, they are not motivated to eat foods that have little impact on blood sugar levels and they are not motivated to exercise. Gathering information about the clients motivation patterns is done in the Preparation Phase.

## **Phase One: Practical techniques/Patterns.**

### **1. Information gathering.**

This section covers some of the key things you need to know about the why, what, where and when of the client's eating patterns. We also want to know the reasons for the client wanting to lose weight in the first place. Reasons such as health, attractiveness, confidence etc all seem probable contenders why anyone would want to lose weight, but each person is different. Sometimes people want to lose weight because their partner wants them to, or they think they have to in order to achieve a different goal (the weight loss becomes a secondary goal in this case). In order that you can build up a compelling outcome for your client I suggest taking some time to find out exactly what the client wants and why.

#### **1a. Present state to Desired state model.**

One of the first questions we ask any client is “What do you want?” Upon receiving the answers we note them and identify where they fall loosely within the well formed outcome model. Below is the general framework for gathering information.

- 1. The client states what they want NOT what they don't want. If they state what they don't want then ask them “what do you want instead?” Keep asking until you get a positive response. Note, you can still have a positive response if the client is away from motivated. Away from motivation can be a powerful motivator in itself, however you must also get a 'towards' answer. You will see why when we consider the time line plot later.**
- 2. Be specific about how the client wants to look, feel and behave right down to the last detail.**
- 3. Make sure they believe it is possible**
- 4. Make sure they value it highly enough**
- 5. Make sure they feel it is within their control and does not depend significantly on others**
- 6. Make sure they realise the effects of achieving their outcome, both**



## 1b. Home Assignments

Home assignments can be very beneficial. I have termed the following set of exercises and home assignments

### 'Client self control and modification tracking'

and it requires the client to be highly motivated in achieving their goal. The client must never feel that they have failed. You must always build on success. Therefore, if you ask clients to take part in self control modification be aware that they may not complete all tasks fully. If that is the case you must re-assure them that you will continue to work with them until their outcome is achieved. If the client feels they are letting you down in a major way, then other psychological factors come into play, resulting in you becoming someone to be avoided. Remember, a lot of clients are sensitive to failure, criticism and hopelessness. They already have strong operators that will talk themselves out of the program if given a chance.

The self control modification tracking is based on a simple questionnaire, the type given to some stop smoking clients. There are 3 main factors in devising a self control modification plan for a client.

1. Analysing the situations
2. Managing stimuli
3. Managing consequences

1. *Analysing the situation.* Ask the client to keep a log of all meals and snacks, noting when and where they occur and what was eaten. A typical log is shown below followed by a brief analysis.

Date: 10/01/17	Day: Fri	Amount of sleep last night: 5.5 hours	Weather: cold & rain
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Time	Place	Activity	People	Mood	Food eaten
07.30	Home	Breakfast	Family	Tired	Coffee, with sugar, toast and peanut butter, orange juice, cereal with sugar
10.30	Office	Break	John, Pete	Bored	sweets, coffee, cola, crisps
1.30	Cafe	Lunch	Own	Nervous	sandwich, flapjack, cola
3.30	Office	Break	Pete	Bored	coffee, cola, water
5.00	Bar	After work	John, Pete	Complaining	3 x beer, crisps, some of john's crisps, nuts
7.30	Home	Dinner	Family	Tired	spaghetti, fruit (with cream)
9.30	Home	Snack	Own	Depressed	cheese on toast, biscuits, more toast, fruit (grapes)

By discussing this log with the client on our next meeting several important issues were raised (the client had already identified them before coming back in).

1. The client was pretty bored and unhappy in their life and work in general
2. The client dealt with these feeling via food
3. The client was trying to eat healthily some times. When they ate healthily they would often forget the other less healthy things they ate, adding to the idea of “I don't understand it, I eat healthy and still put on weight”.
4. An obvious place to continue with the sessions was to address his overall dissatisfaction with life.
5. He could in the meantime cut out snacking on sugary drinks and sweets. As we had discussed these types of foods have cause a bug dip in blood sugar levels, making him even hungrier at meal times.
6. He also agreed to get more sleep!

Self control modification is a valuable tool for helping clients gain insight. Just be careful that it does not impact on your overall approach of building success.

**Managing the stimuli.** From the log we could also ascertain long established triggers for eating unhealthily. One major factor was feeling bored when on a break at the office, usually accompanied by Pete or John. When questioned further the client admitted not liking the company of Pete and John, who were also overweight and tended to complicity lead each other on with ideas of “One coke won't make any difference”. The client agreed to try taking his breaks elsewhere and trying different foods low in sugar.

**Managing consequences.** The best re-enforcers of new behaviours when it comes to weight loss are the natural consequences of the new behaviours themselves. Being thinner, fitter, having more energy are all positive re-enforcers. The trouble is they are often delayed and so are not very effective in managing the behaviour of the moment. To support new behaviours temporarily often requires **artificial re-enforcers**. Keeping a 'bank' of money saved on fizzy drinks, rewarding himself with small treats after avoiding situations of boredom, buying some new clothes were all used as artificial re-enforcers until such time as natural positive re-enforcers of loosing weight and looking thinner and fitter came into their own. *Note, use something other than food as the enforcer.*

Artificial re-enforcers also help deal with the problem of the **feedback point**. The feedback point is the point at which new, sometimes challenging and difficult behaviours start to pay off.

Until the feedback point is reached it may seem like there are no benefits whatsoever from adopting the new uncomfortable behaviours. However, once the feedback point is reached it becomes self sustaining. A typical example is exercise, initially it takes a lot of effort for what seems to be little gain, after a while though, one notices changes in fitness and appearance, the exercise gets easier and the relationship between effort and results narrows. The act of exercising them becomes more motivating in itself, even to the extent that people get 'hooked' on it.. **Note** if a huge amount of exercise is still needed the feedback point has not been reached.

### **Summary of Practical techniques/patterns.**

By the end of phase 1 you will have achieved the following:

- 1. Pre-talk:** Discussed client concerns. Produced evidence as to why your program works. Started to install faith and belief that following your program is achievable, natural, will work and will not involve difficult or uncomfortable experiences.
- 2. Preparation:** Gathered information on present state, desired state, possible causes of weight gain, reasons why weight loss has not been achieved previously, pay offs for over eating, pay offs for not exercising.
- 3. Designed a self control and modification plan (optional).**

## **Phase 2. Finding and resolving Pay Offs.**

Given that eating less and exercising more is the only sustainable way to lose weight, the question for the practitioner becomes.... How can I help my client to do this? Obviously if a client is sitting in front of you it is because they can not do this by themselves (unless they are the kind of client who just wants to lose a few pounds to get into a bikini for the summer). In phase 2, we look at overcoming compulsions and will discuss reasons why clients find it difficult if not impossible to lose weight, even when they know theoretically how they could.

People that want to lose weight have one major problem. They have to eat. Unlike drug addicts who can avoid their 'problem' substance, overweight people cannot avoid eating. And on top of that, food manufacturers make the products so damn attractive. It is not surprising that for most of us, the sight of certain packaging or advertisements will bring about a desire for that product, especially when it does actually produce a lot of pleasure. However, this stimulus - response behaviour is only one part of the problem. Perhaps more serious and deeper issues that need confronting are the client's unconscious pay offs

### **Pay offs.**

#### **1. Emptiness and Boredom**

Consider again the food log from phase 1. Analysis shows that the client was dissatisfied and bored with life in general. His life was basically empty and unfulfilled. He ate and ate in order to feel full and consequently fulfilled. In other words, food is being used to bring about these feelings rather than life itself.

#### **2. Food means happiness**

Food brings pleasure, however eating too much and exercising too little puts on weight. Being overweight makes people unhappy. So they eat to feel happy. They put on more weight. They are more unhappy, thus needing to eat more and so on in a vicious cycle. Why some people associate food with pleasure and some don't can be due to numerous factors.

One common factor is the relationship formed with food in childhood. The client may have been rewarded with food thus an association is made between approval and food.

#### **3. Unhappiness is avoided by food**

Perhaps food was used to console the client when upset as a child. This results in the curious fact that the client's unhappiness was rewarded with food. So the client has learned from a young age that food obtains happiness or food can take unhappiness. An even

more bizarre program is the client may need to feel unhappy in order to justify food. Being overweight is one sure way to be unhappy for those clients seeking therapy. This unconscious program can be expressed as

Being overweight **causes** unhappiness, unhappiness **causes** eating for pleasure.

Eating for pleasure **causes** weight gain. Being overweight **causes** unhappiness...and so on.

#### **4. Emotional issues are not being faced.**

Perhaps these emotional issues started in childhood and the client's parents used food to stop having to deal with emotional upsets in the family. These unresolved issues are continued to be buried by over eating. Not only that, but as an adult and with new sets of problems arising all the time, the client continues with the patterned behaviour of dealing with emotional problems by over eating.

#### **5. Loneliness.**

It's hard for anyone to admit they are lonely. It somehow smacks of not being good enough. It is not only food that fills this void, alcohol, shopping and a host of other substitutes work just as well. When sitting at home, eating, drinking and watching TV (on one's own) there is no one to judge us. As soon as we go out and put ourselves in a social situation, we can be aware of others looking and sometimes judging us. Overweight clients with negative body image and low self esteem will find certain social activities more difficult, especially going to the gym and shopping for clothes and food. Thus, staying in, eating and watching T.V will avoid those uncomfortable situations.

#### **6. Protection.**

Sometimes size is associated with protection. This can be protection from physical attack, protection from sexual advances, even protection from oneself (the classic case of one partner putting on weight to make themselves unattractive for fear of being unfaithful and losing their husband or wife).

The range of both conscious and unconscious pay offs will grow as the the variety of your clients grows, each one will have different conscious and unconscious pay offs (That said the ones given above are very common). Therefore Phase 2 begins with the technique of 're-framing personal history' which identifies past problematic experiences around food and deal with them.

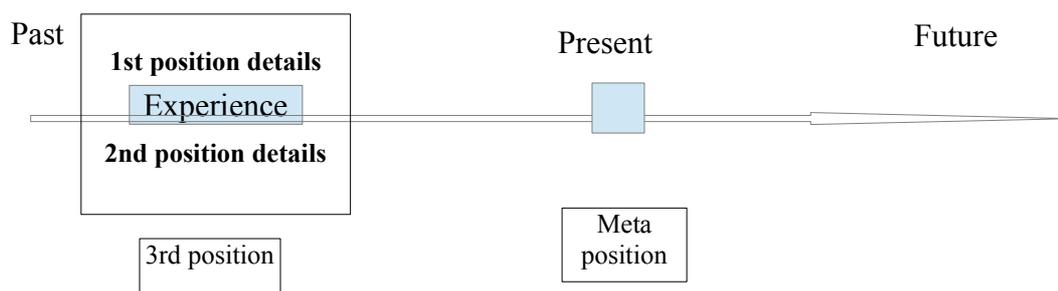
## **Phase 2. Practical technique/patterns. Re-frame Personal History**

### **1. Find 'Food trigger' experiences**

1. Elicit details of possible food issue, eg, being rewarded with food..
2. Step the client into 3<sup>rd</sup> position and get a brief description of the past event at all neurological levels.
3. Step the client into 1st position and have the client verbalizes the cluster of beliefs that were formed from this experience in more detail. Make sure the client speaks in the first person and present tense, for example “ I believe that.....” or “I am feeling like.....”.

### **2. Identify the pay off's and consequences**

4. The client steps off the time line, considers the experience from the present day and takes up a meta position.
5. From meta position the client notices the effect that the experience has had on their life. Have the client verbalize any other beliefs that were formed as a result of this experience. This time you coach the client to speak in the third person, past tense, for example “He/she thought that.....” or “The younger me realized that....”
6. From meta position find the positive intention of the beliefs and responses formed by that experience.
7. Have the client associate into each of the significant others and experience the event from their perspective. The client describes the experience being the other person.
8. Client steps off the time line into third position and finds the pay off's of the significant others actions and responses



### 3: Resource the significant others

12. From 3<sup>rd</sup> position the client identifies the resources each of the significant others needed back then but did not have available to them AND *that the client has available now or has had available at some point since then*. For example if a significant other needs 'patience', even though the client didn't have 'patience' available to them back then, they can identify that they have had 'patience' many times since then, especially as they got older. Make sure the client identifies resources at the correct neurological level; behaviour, belief, skill etc.
13. Have the client resource the significant others. The client steps onto various locations on their time line fully reliving those resourceful experiences. Each time they step into a resourceful experience they anchor it symbolically by representing it as a kind of light, sound or energy and beam the resource back through time to the person that needed it. Have the client notice how the significant other changes as the transmitted resource reaches them and is absorbed.
14. Have the client step back on and re-live the experience again as the significant other, only this time from the new perspective of having these new resources. As the client relives the experience again they can re-enforce the resources by filling themselves with the light, sound or energy that was beamed back..
15. When the client has re-lived the experience as a significant other with the new resources have them associate into their own first position experience of the imprint and verbalize the new beliefs and generalizations they can make with these new learnings, for example "It's not my fault..." or "They didn't realize what they were doing...." verbalize these beliefs in first person, present tense. REPEAT STEPS 13 TO 15 FOR EACH OF THE SIGNIFICANT OTHERS.

## 4: Resource the client

16. From meta position have the client identify the most important resources or belief they would have needed as their younger self in order for the experience to have turned out in a better way. Step them on to the time line and have them pick up those resources from the resource locations. Have the client anchor the resources kinesthetically. Step off the Time Line.

17. Carrying the anchored resources, the client walks to a time just before the experience and steps on their time line. The client then associates into their younger self with all the required resources. Have the client notice how different the experience is when everyone involved has the resources that were missing at the time.

18. Repeat for other experiences

I have found that the re-framing personal history process is the most effective way of dealing with the pay offs and emotional causes of overeating. In addition to the re-framing process done in the session, you can also give the client techniques and resources to deal with emotional issues as they arise in daily life. There are several techniques that will work well for this, they include

- (1) Circle of excellence
- (2) New Behaviour Generator;
- (3) Meta Mirror.

## **Technique/Pattern: Dealing with Compulsions**

1. Find out which foods the client has compulsions over
2. Have the client bring the food to mind. Have them really see all the details and build up their desire and compulsive feelings.
3. In their minds eye they imagine taking a bite of the craved food to satisfy themselves. You then tell them to take another bite, (remember this is on their mind's eye).
4. Have the client keep taking a bite of the food in their mind's eye while focusing on all the detail of the picture.
5. Have the client keep taking a bite until it is all gone.
6. Have the client start again with another one, eating it one bite at a time until it is all gone.
7. Ask the client how they feel. They will usually respond by saying they don't want any more, they feel sick, full, guilty or *whatever it is that they feel after they gorge themselves.*
8. Have the client imagine it is the day after eating the cake or chocolate or whatever. Have them imagine themselves on the scales, feeling guilty, ashamed or whatever they usually feel.
9. Repeat the process until embedded (about 3 times)

With repetition (until embedded) the client develops a pattern of feeling sick, full, guilty and ashamed etc BEFORE they eat the cake or chocolate INSTEAD of afterwards. Instead of waiting to eat the whole cake or chocolate and then feeling remorse, sick etc the client feels the remorse, guilt, fullness BEFORE eating it. Future pace this well, for example if the client gets cravings at a chocolate machine, future pace with this in mind. The idea is that whenever the client is triggered by seeing/thinking of the food they generate the aversive reactions.

## **Phase 3. Motivation to exercise**

Most NLP techniques can be employed to help with motivation to exercise. Whichever technique you choose it does need to incorporate certain principles.

### **Always look forward.**

If you are trying to re-access a time in the person's past when they were fit and doing exercise make sure you use the past experience as a resource only. Be careful that your client doesn't express their future goal in terms of "I want to be as fit as I was when I was 21". One cannot have a future goal that is in the

past. You can help your client to access the resources, self belief etc that they had at that time but always to use it as part of a compelling outcome for the future.

### **Address pay offs of avoiding exercise**

The gym is definitely a place to avoid if you have a low opinion of your body image or indeed low self esteem in general. As the practitioner you have already set the ground rules in phase 1 whereby it is agreed that your client needs to exercise and success of the program depends on it. So spend time helping your client to feel good about social exercising, whether at a gym or perhaps walking out on the street. Address the issue of self consciousness in your client by either getting them to change their values and beliefs, e.g. “I don't care what people think”, or give your client different perceptual position views of themselves so that they realise not everyone will think the worse of them.

One perceptual position I have found useful in this is to take up the perspective of a 'spiritual' person, Jesus for example or Buddha. Ask the client to imagine that the spiritual person was watching them in the gym, or walking down the street. What would that spiritual person think of them? Contrast that with someone who is sneering or giving dirty looks, who's opinion is most important?

**Build positive outcomes around feelings of fitness, health and good body looks.** Get your client to imagine in detail how they will be when they are the ones in the gym doing a great workout, or they are the ones able to jog for fun or whatever. Get your clients to think about the positive consequences of this, looking good on holiday, playing sports with their kids etc. I suggest very towards motivation as far as exercise is concerned.

**Use artificial re-enforcers.** A small treat (not food) each time they do some exercise. Encourage them to have their partner or friends make lots of comments about how good they look because they have been exercising. Initially these compliments may not be around body shape, they could just be about general looking good, looking healthy, spring in the step etc.

**Note:** Be aware that research suggests that sometimes there are differences in the way people take compliments and praise. Men have a higher tendency to see a compliment as a reflection on their competency while woman can have a higher tendency to see praise as a control mechanism. Obviously this is a generalisation but the research has shown that these tendencies exist. I suppose it is just to be aware that praise from you the

practitioner as a reward to enforce positive behaviour does have the potential to be interpreted as trying to control, and will thus effectively lower intrinsic motivation.

### **Internal dialogue.**

Once a motivating outcome is formulated the client needs to be on guard against any internal dialogue trying to neutralise it or criticise it. “ Oh what's the point”, “I'll go tomorrow” etc are all ways whereby a strong motivating outcome can be nullified. If clients experience this then work on the internal dialogue and give the negative voice a name, sometimes a disparaging one does the trick. For example one of my clients called hers 'jelly git'. I have no idea why she chose that name but it seemed to work. Whenever she heard the internal dialogue coming in she would say *“here comes jelly git trying to keep me fat”*.

If you have done any parts work you may be tempted to see this as a variation on 'Part of me wants to do X but part of me wants to do Y". This may well be so, but if you do do parts work on exercise motivation, your objective is not to integrate the two parts, but more along the lines of 6 step re-frame whereby the client negotiates with the part not wanting them to do exercise and tries to come to an agreement that exercise will in fact satisfy some higher positive intentions.

### **Conclusion.**

This program is a route map for practitioners and therapists to follow when delivering weight loss programs to clients. It is a suggested format only and in no way takes responsibility for the success of any individual therapist's interventions. However, it has been used many times with excellent results.

The program comprises three phases.

Firstly, pre-talk, preparation and laying of ground rules as it were.

Secondly, understanding motivations and compulsions around eating and;

Thirdly addressing issues regarding the need for exercise.

The three phases are suggested to be undertaken within a maximum 6 week period of 4 to six sessions. The optimum time structure has regularly been 2 sessions in week one, 2 sessions in week 2, 1 session in week 3 and a final session in week 4. Obviously each client is dealt with on an individual basis and may need more or less help from the practitioner and for longer or lesser times.