



# The Psychology & Sabotage of Weight Loss

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# Travel Log

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- Intro to Research into Restraint Theory
- Clinical Application of Restraint Theory – LSD
- Research into Exercise – the Exercise Paradox
- Deconstructing Motivation (no research)
- 5 Necessary Steps of weight loss maintenance (to be researched) Case Study



# Shocking new figures on obesity

NEARLY one-third of Australians will be obese by 2025.

By KATE PATTERSON

A study prepared for Diabetes Australia reveals the total financial cost of obesity in 2005.

## By 2025 a third of the Australian population will be clinically obese

Australians are already obese.

Queensland Heart Foundation's director of cardiovascular health Rachelle Foreman was shocked by the research.

"A potential doubling of the obesity rate over 20 years will have major impacts on the heart health of individuals, as well as major financial and other costs to both individuals and communities," she said.

Ms Foreman said the average weight of Australian adults had increased by up to 20kg in 20 years.

The report revealed the 55-59 age group contained the largest number of obese people for both men (159,000) and women (203,000).

And more than 280,000 young Australians (aged 5-19) are obese. The

costs are as follows:

"We are very inactive, we have a very cheap and very readily available food supply and lots of foods that are very high in fat and sugar."

Queensland Health nutritionist Amanda Lee revealed that there were more than 650,000 obese adults and 25,000 obese children in Queensland.

"There's just enormous health and social and economic impacts as that report identifies and the concern is we are not going to be able to deal with those problems," she said.

Dr Lee said the State Government had recently announced a \$21 million obesity plan to tackle the weighty issue.

# Sweet treat sparks frenzy

“We’re selling out of everything we make every day at the Chermside store, managing director Grant Weston said.

“On Sunday there were queues six or seven deep from 10am ’til 4pm, when we close.”

seven deep from 10am ’til 4pm, when we close.”

The Chermside and Brisbane City stores are cooking 16-24 hours a day, making 44,000 doughnuts a week.

“We were kind of expecting a big reaction, but it’s been that and more,” Mr Weston said.

“Sometimes we’re getting orders so far away that the delivery cost is about three times the cost of the doughnuts, but people will pay it.”

Available in 16 flavours, from

But food critic Jenni Bird was not impressed: “I think they’re a bit too sweet for me. They’re also a bit too adventurous with their flavours – I don’t think they all quite work.”

Dietitian Kate Di Prima warned the doughnuts lacked nutritional value and should be eaten only as a treat.

“One doughnut is equivalent to two slices of bread in terms of kilojoules, so one might want to consider whether it’s really worth it,” she said.



**MAGIC CIRCLE:** Staff try to keep up with demand as hungry fans line up for a treat (above right)

Pictures: **MARK CRANITCH**



# PROFESSOR PHILIP JAMES

## Chair – Int Obesity Task Force

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“... telling people they should exercise more and eat less and this type of health education ... the evidence, systematically refuted by independent scientists, shows it's a pretty useless way of approaching the problem.”



# So how to treat obesity?

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Fortunately we have a few options



# Are people failing the diets...?

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- Stunkard 1958 - 'most obese persons will not lose weight, and of those who do lose weight, most will regain it'.
- Swinburn et al 2001 - 'like most interventions for weight loss, weight was regained in the long term'.
- Ogden 2003 - 'in real terms, between 90% and 95% of those who lose weight regain it within several years.'

Regain (%) of initial weight loss (years)

Initial Weight Weight loss (kg)

Reference Treatment Duration (weeks) Subjects (women/men)

Sikand et al., 1988 (21)	VLCD + BT	16	10 W	106.6	17.5	95				
	VLCD + BT + exercise	16	11 W	105.6	21.8	58				
Wadden et al., 1989 (22)	VLCD + LCD	8 + 16	23 W	106.0	13.1	64				108
	BT + 1200 kcal	24	22 W							
	VLCD + LCD + BT	8 + 16	11 W							
Miura et al., 1989 (23)/ Ohno et al., 1990 (24)	VLCD	8	9/6		8.6	42	62	65		
	BT	16	27/12		4.5	122	129	131		
	VLCD + BT	8 + 8	10/6		10.7	-7	-5	9		
Wing et al., 1991 (25)	VLCD + diet	8 + 12	13/4	102.1	18.6	54				
	BT	20	12/4	104.5	10.1	33				
Wadden et al., 1994 (26)	Hypocaloric (1200 kcal)	52	21 W	105.4	14.4					15*
	VLCD + hypocaloric	16 + 36	28 W	107.9	20.5					47*

20 treatment conditions, 10 published studies - Saris, 2001

30. Torgerson JS, Agren L, Sjostrom L. Effects on body weight of strict or liberal adherence to an initial period of VLCD treatment. A randomized, *one year clinical trial* of obese subjects. *Int J Obes Relat Metab Disord.* 1999;23:190 -7.

Torgerson et al., 1999 (30)	BT	16	18/14	134.2	8.9	45				
	VLCD + hypocal	16/36	31/10	111.4	-16.4	25				
	VLCD (b) + hypocal	16/36	31/8	107.2	-16.0	36				



# Average Weight Regain

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<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>
<b>Weight Regained</b>	45%	52%	68%	115%

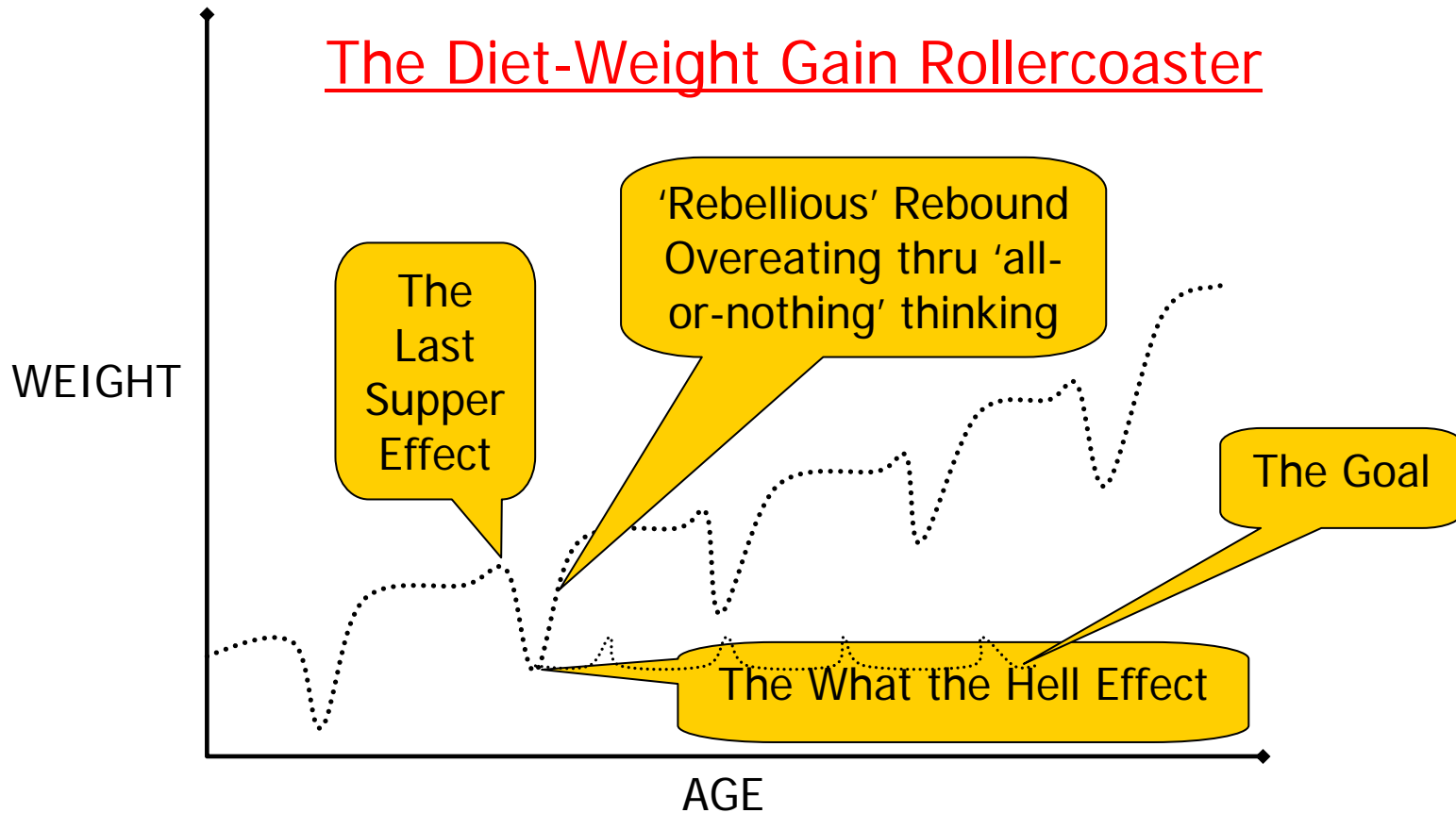


# Restraint Theory

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## The Minnesota Experiment

# Restraint Theory & Rebound Overeating





John Bowlby's

# Attachment Theory

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*'...the intimacies of suckling by which a child learns the comfort of his mother's body...'. Bowlby, 1953.*



# Self-sabotage begins with Deprivation

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“As soon as food is denied it becomes  
forbidden and therefore desired.”

Joan Ogden – *The Psychology of Eating*

*“The only way to get rid of  
temptation is to yield to it”*

Oscar Wilde

(& NHMRC)



A clinical model designed to  
minimize self-sabotage

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## **The Low Sacrifice 'Diet'**

- an ad libitum diet



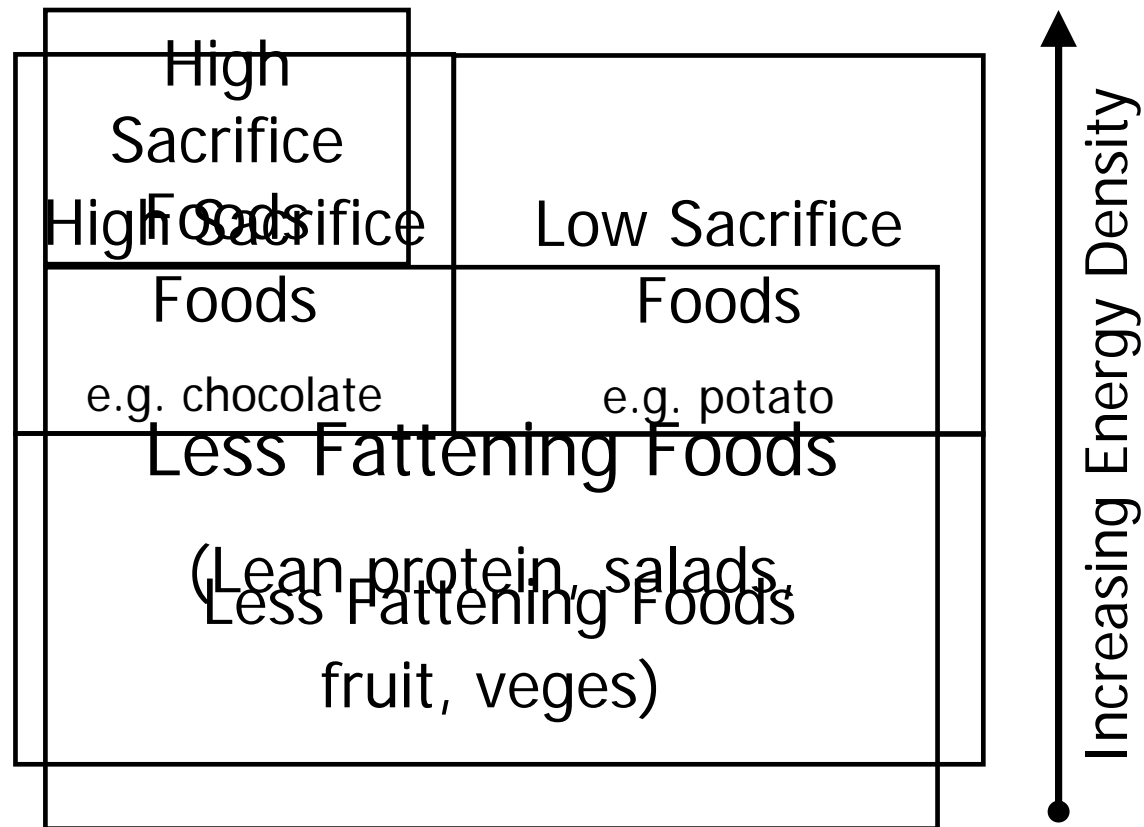
## The Logic

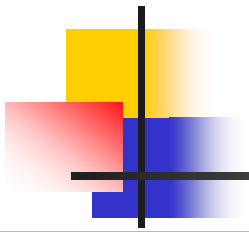
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If we are going to decrease our caloric load – 2 choices: decrease all fattening foods *or just some:*

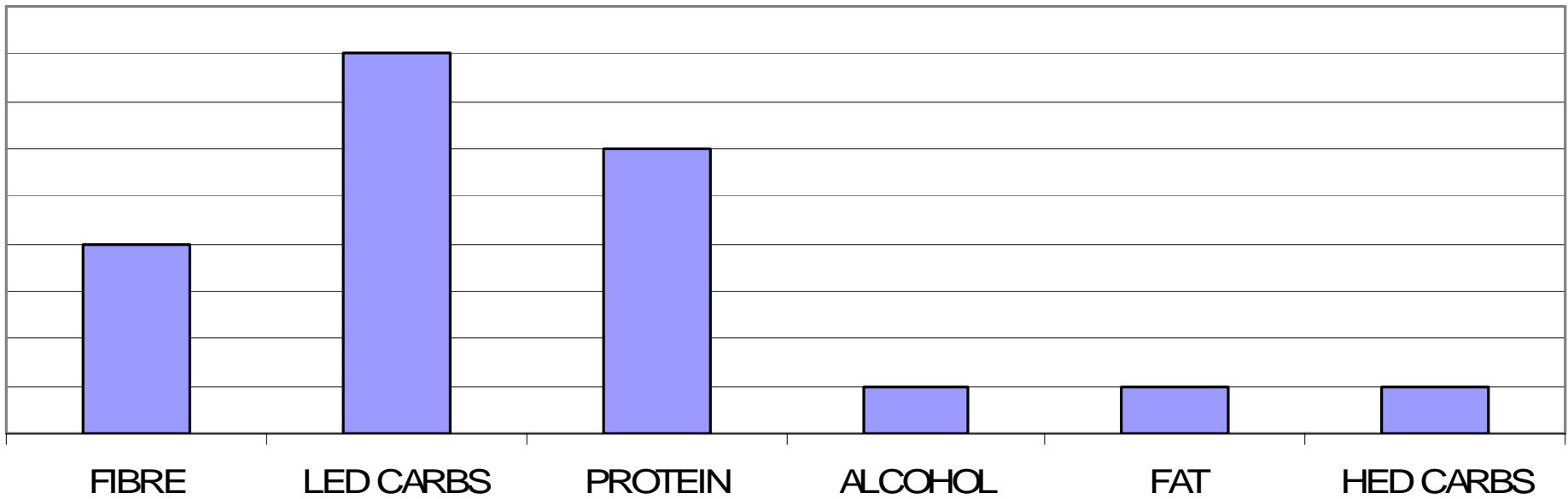
*The ones that trigger Restraint Theory's rebound, rebellious overeating*

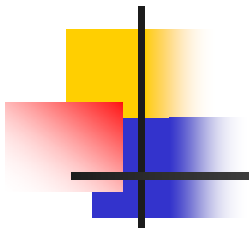
# My Before & After Shots



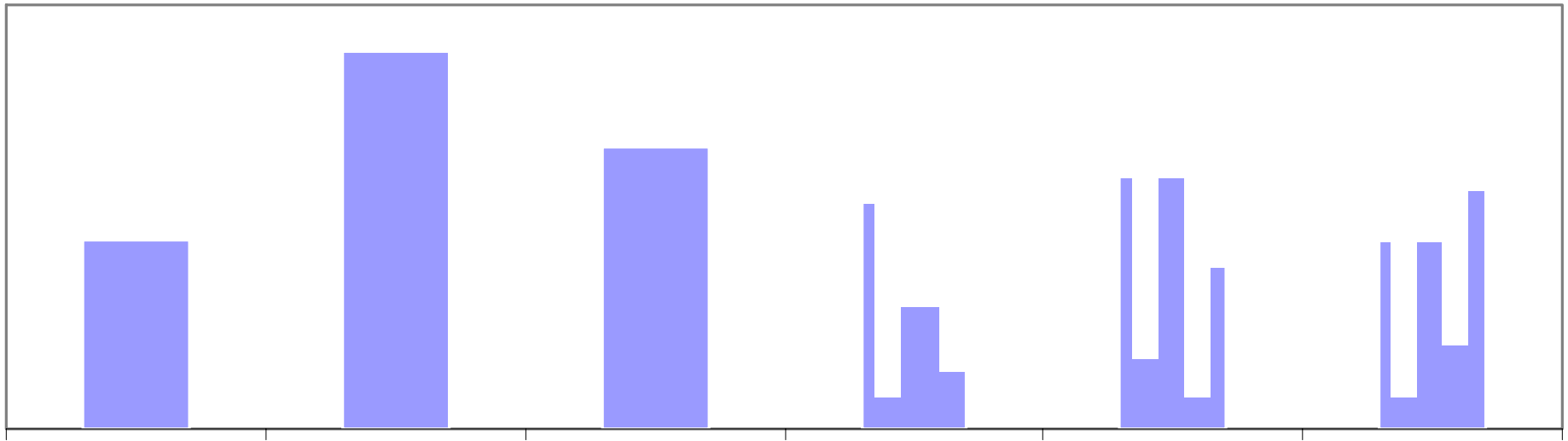


## TRADITIONAL WEIGHT LOSS DIET





# LOW SACRIFICE 'DIET'



FIBRE

LED CARBS

PROTEIN

ALCOHOL

FAT

HED CARBS



# How do we eat less HSFs?

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- Mindfulness & Savouring
  - We eat more because we taste less
  
- Eating HSFs in the morning  
(Forslund, 2002 et al)



## Motivation – a definition

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The sum of conscious desire  
*less* unconscious resistance  
(self-sabotage)

It's not something you think you have,  
it is something you will discover you do  
(or don't) have.

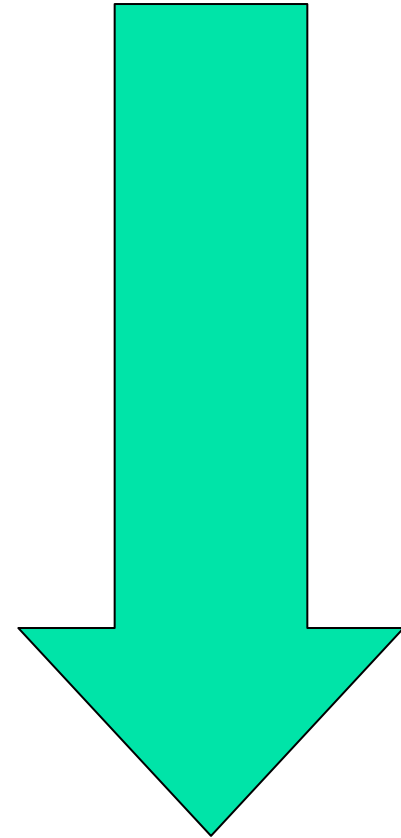


# 5 Levels of Motivation

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1. To avoid a shorter life/disease
2. To keep the respect of those I respect
3. To treat 'immediate' ill health
4. To do what I think I want  
( All distress driven )
5. To author my own life

Low (no)  
Power



High  
Power

[Slide Library Overview](#)

[The Metabolic Syndrome](#)

[Principles of Obesity](#)

[Office Management of the Obese Patient](#)

[Therapies for the Management of Obesity](#)



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### NEW IN COMMENTARIES ON RESEARCH!

## The Role of NEAT in Obesity

Obesity occurs when energy intake exceed energy expenditure over time. Much of the onus for the epidemic of obesity among Americans has been placed on excessive dietary intake. This commentary reviews the findings of a recent report that examined the relationship between obesity and patterns of non-exercise activity thermogenesis (NEAT) in lean and obese subjects.

This CME activity has been approved for AMA PRA credit.

### Recent Additions:

#### IN COMMENTARIES ON RESEARCH

**The Metabolic Syndrome in the Diabetes Prevention**

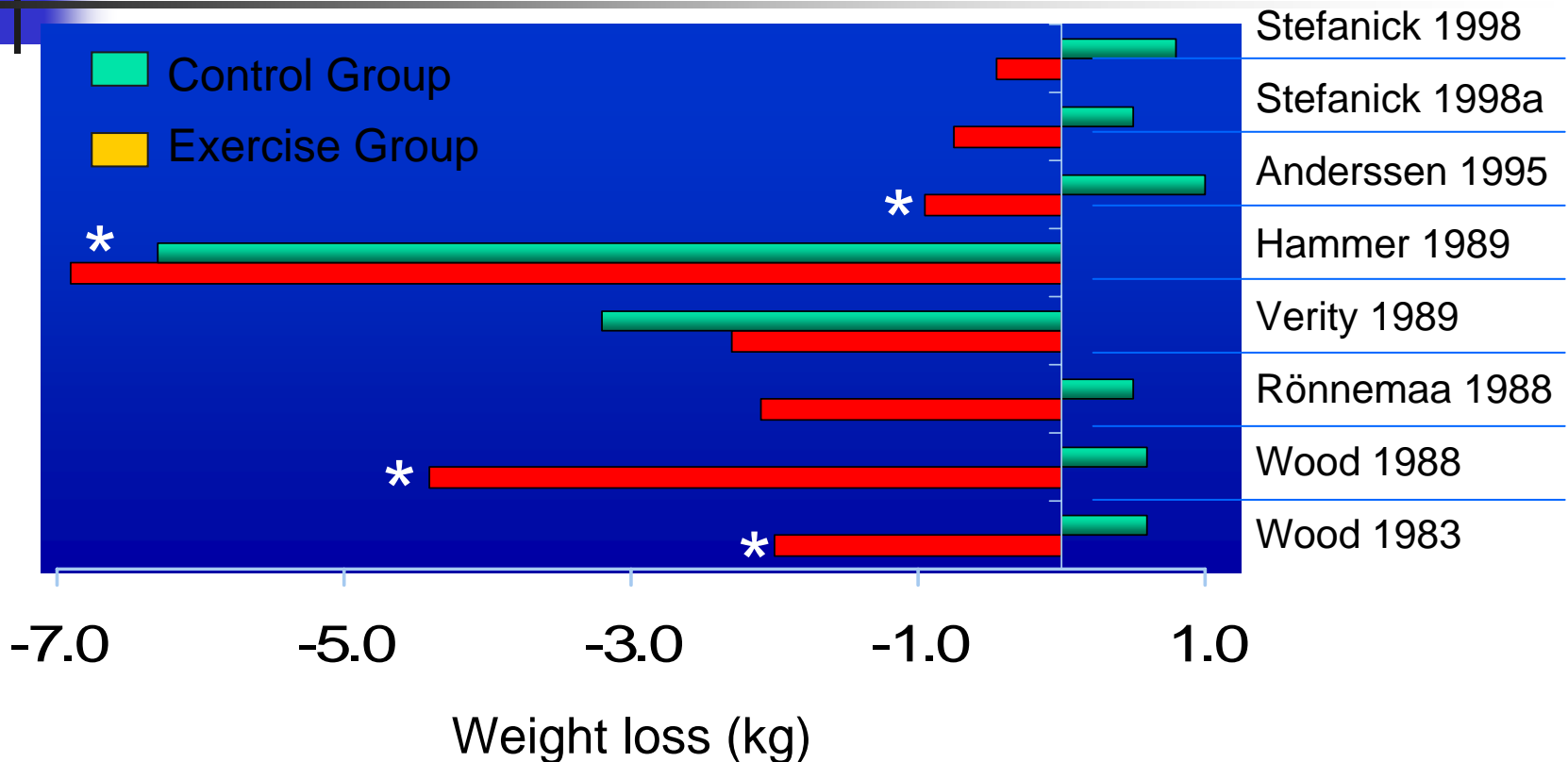
#### IN COMMENTARIES ON RESEARCH

**Rimonabant in Obesity Europe (RIO-Europe) Study**

#### IN THE SLIDE LIBRARY

**Shifting the Paradigm for Managing the Metabolic**

# Physical Activity Alone Results in Minimal Weight Loss



\* $P < 0.05$  vs control group

Duration of each study ranged from 4 to 12 months.

Wing. *Med Sci Sports Exerc* 1999;31(suppl):S547.



# NAASO

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'... eg, brisk walking for 45–60 min, 4 times weekly, for up to a year without an energy-restricted diet, usually results in minimal weight loss - an average 2-kg decrease...'

The role of: NEAT?

Non-Exercise Activity Thermogenesis



# Dangers of 'Designated Exercise'

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- Overcompensation eating
- Using exercise as an excuse to 'go through the motions'
- Weight Loss program abandonment

# Time Allocation for Different Postures for Ten Obese and Ten Lean Sedentary Subjects



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Source:  
Obesity Online Slide Library  
[www.obesityonline.org](http://www.obesityonline.org)



# Findings

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- **Obese sat for 164 minutes longer per day than lean participants**
- **This equates to 352 cal/day**

**The NEAT Take Home Message:  
Stop Sitting!**



# Benefits of Exercise

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- Cardiovascular health benefits
- Weight loss maintenance
- Best treatment for
  - Mild to moderate Depression & Anxiety
  - Stress
- More effective than the alternative:  
food – no guilt
- ‘Double whammy’ of evening exercise



# Five Necessary Steps

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For Weight Loss *Maintenance*



# Step 1 - Feedback

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- Intake - EAD
- Weight – Wednesday & Saturday
- Body Measurements
- Pedometer

## Step 2 –

# Low Sacrifice Eating Lifestyle

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- Must be completely personalized
- Low sacrifice switching
- Focus on high GL carbohydrates
- Use self-discipline as a marker of potential failure
- 'Lifestyle' Versus 'Diet'



# Step 3 – Mindfulness

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## ■ EXTERNAL

- Danger times - Big Three:
  - Parties/Buffets
  - Alcohol
  - Other people
- Mindful eating - Savoring

## ■ INTERNAL

- Why am I eating?
- How full am I?
- Of Sabotage
  - AID
  - PIG
  - Urge surfing



# Step 4 – Formalize Intention (Not Self-discipline)

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## PLANS FOR

- Weekends
- Weekdays – shopping lists
- Backup food e.g. Soup
- Eating out
- Work travel
- Holidays

Imaginal Rehearsal



# Step 5 – With Weight Loss Identify Sabotage Strategies

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- Pre-handle: History of Sabotage by
  - Self
  - Others
- Identify person-specific anxieties & issues around weight loss.

## Step 5 – Cont'd

# Identify Sabotage Strategies

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### Case Study

- Weight Loss – 25kg, lowest weight as adult
- “You’re doing so good you can manage that pasta carbonara”
- X-Ray (Transcript):
  - “I’m wasting my time ... I won’t make it
  - I’ve done this before ... and still failed”

## Step 5 – Cont'd

# Identify Sabotage Strategies

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'Ignore the Saboteur, what's behind this?'

- "It's about relationships
- If I'm slimmer I'll have to deal with relationships
- [Tears] I don't want to say
- If my own father doesn't love me, how could anyone else?
- If I stay fat none of this is a problem."

# NECESSARY MINDFUL INTENTION

LEARNINGS ABOUT SELF-SABOTAGE

SA

BO

T

AG

E

1

2

3

4

5

## Feedback

(Where am I?)

1. Intake - EAD
2. Weight
3. Body Measurements
4. Pedometer

Develop Personalised  
**'Low Sacrifice'**  
Eating Lifestyle

## Mindfulness

What am I eating?  
Why am I eating?  
How full am I?  
SAVOURING

## Formalize Intention

(Not Self-discipline)

Identify & Manage  
**Sabotage**

Weight Loss

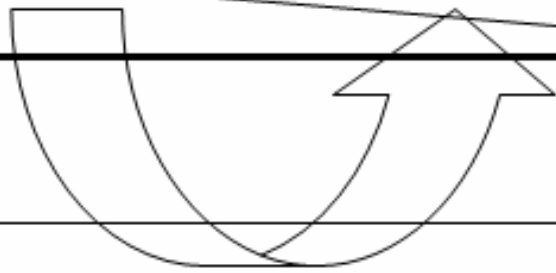
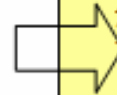
**MOTIVATION** (decreasing)

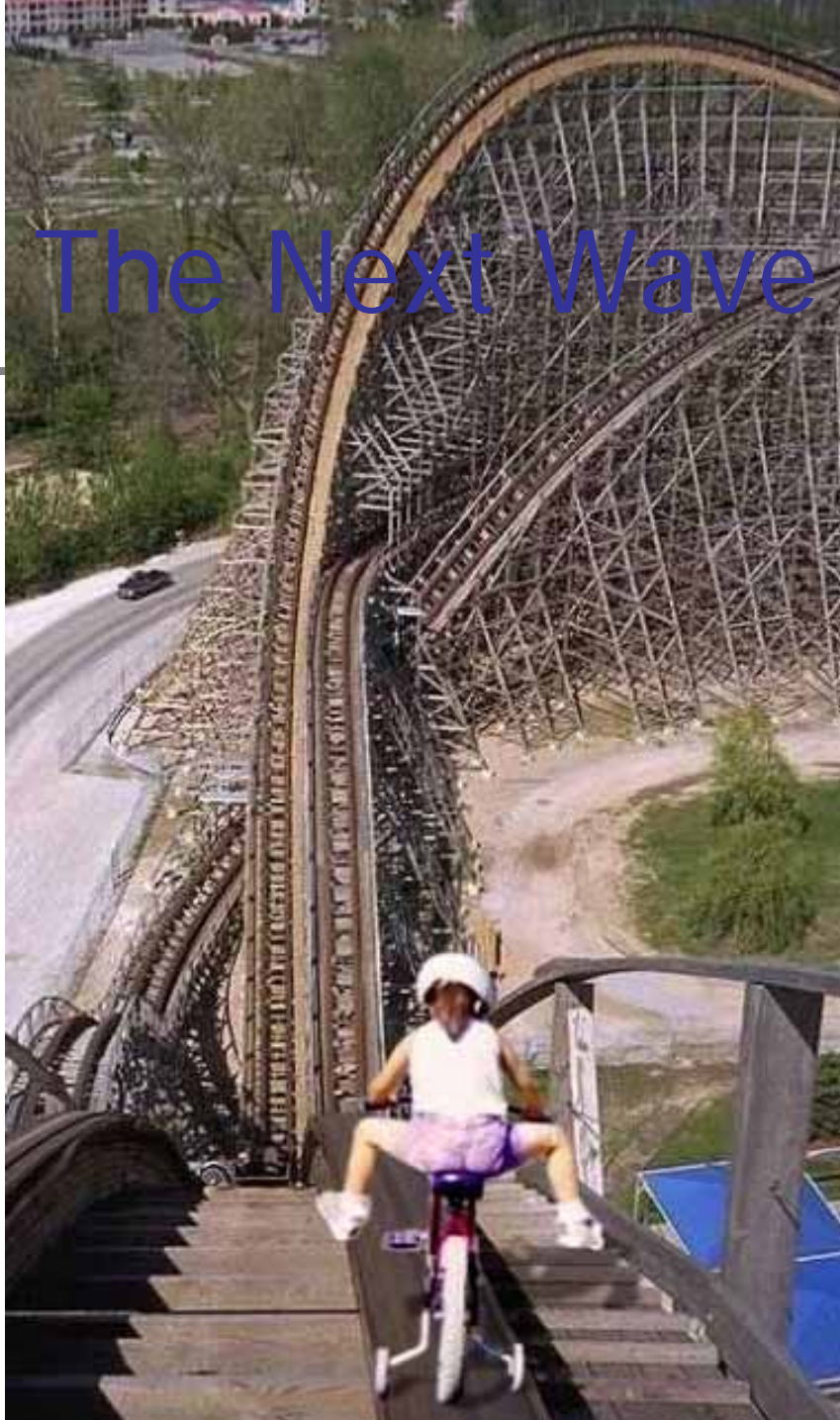
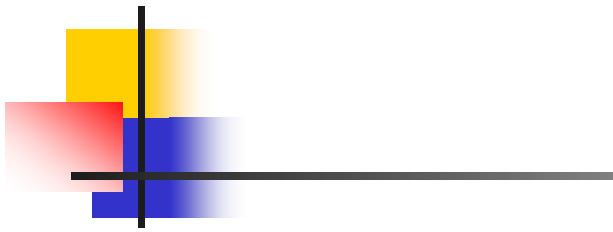
**HABIT** (increasing)

SELF-SABOTAGE  
Deeper Amotivational Issues

WEIGHT LOSS MAINTENANCE

PRACTICAL BEHAVIOUR CHANGE





# The Next Wave





# For Research References/Info

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[www.weightlosspsychology.com](http://www.weightlosspsychology.com)

ICO paper

[www.opats.org](http://www.opats.org)

[gbw@bigpond.net.au](mailto:gbw@bigpond.net.au)