

Many therapists are ambivalent about long term results achieved with weight control clients through the application of hypnotherapy.

Angela Trainer, who describes herself as "a well rounded therapist in more ways than one" argues a therapist's own bias of approach may be the cause of his or her failure rate.

Having battled for 15 years with her own weight problem, she offers a personal insight to support

her approach to overeating problems. She writes humourously and with a light touch but with serious intent.

Outlining basic premises required before any success on this area can be achieved, Angela Trainer describes some innovative approaches including visualisation techniques, motivational stimulation, aversion and direct suggestions to the autonomic nervous system.

# What a weigh to make a living



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**By  
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## **I**t never fails to amaze me how somehow it always occurs in the same way!

I'm at a party, glass of chilled wine in one hand and some highly fattening calorific food (say a creamy rich vol-au-vent) in the other.

Then someone launches the question: "So what are the most common problems that you deal with as a hypnotherapist Angela?"

Public interest in the subject of hypnosis dictates that at this point conversation in the room falls to an eerie silence. "Oh, er, probably smoking ... and ... er ... weight control!"

The captivated audience can by now be observed judgmentally scanning the food poised somewhere in the vicinity of my mouth and then down my ample, not-what-weightwatchers-would-say-it-should-be body frame.

God help those hypnotherapists among us with a bitten nail, who suffer occasional insomnia, stress, fear of flying or even worse – who smoke! Who would want to be a hypnotherapist?

And yet, when discussing the application of hypnosis to weight problems, I find many of my colleagues ambivalent, even sceptical of their results and the value of our approach to obesity. I, on the other hand, wax lyrical on the subject – you see I have a personal vested interest in it. I had battles for the first half of my life with every dietary approach under the sun and failed miserably, sinking deeper into self-doubt and low self-esteem until I discovered the secrets of weight control with hypnotherapy.

The problem of failure with weight clients, as I have discovered, is that many therapists take a compulsive perspective of the problem, concentrating on deep-seated psychological origins and expecting that when those are dealt with the weight will magically melt away; the others see it within a habitual framework and seek merely to de-condition with direct suggestions. Why then do both groups report so many of their clients returning time and time again, having failed or temporarily lost and regained?

I reply – based on my own personal experience, those of my clients and evidence of the students I have trained – that no matter what the psychological problems are in a weight problem, treating them is not enough. The conditioned reflex response must also be extinguished. Further reinforcement and support must be provided throughout the weight loss period and continued on a regular basis after target weight has been achieved – whether that be through self-hypnosis by the client, or use of audio cassette.

**The main issue is that of 'target weight' and is where many therapists and clients will fail before they even start.**

It must be realistic – not idealistic. I personally spent many miserable frustrating years hating my body for refusing to comply with my demand (and that of the media and fashion designers) to be the *perfect* weight for my height. I became obsessed with weight loss (*"only when I reach X stones will I be truly happy; my problems will all have gone"*) and entered the diet – binge cycle, gaining weight all the while.

Only when I began to accept that my ideals were unrealistic did I begin to achieve control

over my weight and learn to be content to accept my weight according to my chosen lifestyle, bodyframe, genetic programming and my desire to be happy and enjoy certain foods (in moderation) rather than deny, abstain and languish in guilt and depression.

Clients must be encouraged to set a realistic and responsible target weight for themselves or they are doomed to failure before the first suggestion is uttered by the therapist's lips – the unconscious will simply refuse to co-operate. I often explain

this by asking: *"If I told you to climb to the top of Mount Everest how would you feel?"*. The client usually responds with a hopeless shrug of being beaten before starting. *"Of course, you probably wouldn't even attempt it. Now, if I asked you to climb the hill in the park outside my office window?"* The response is normally one of positivity – after all it is achievable. I have happily negotiated target weights of 22 stones (140 kgms) with women with a start-out weight of 25 stones (158.75 kgms) and targets of 15 stones (95.25 kgms) for women of 20 stone (127 kgms).

**It works! As targets are achieved, confidence and sense of control increase.**

The second issue is of motivation – I mean, who wants to deprive themselves of anything they are used to and enjoy? This must be the super-glue for all suggestions given and is easily established right at the start of the session by asking: *"Why do you want to lose weight?"* This can give tremendous insight to the therapist, from the obvious – *"to be able to wear what I want ... to feel more comfortable ..."* through the *"... I love classical music and the cinema - but I can't fit into the seats so I never go now..."* on to *"... I have no sex life with my*



Picture by permission of the Royal Geographical Society

**When setting goals for clients, make them realistic and attainable ... don't ask clients to effectively climb their own Everest**

*For kidney stimulation – visualisation of standing under a shower and the water flushing all impurities off the body and then all excess fluid swirling round the plug hole and down the drain.*



Picture by courtesy of British Bathroom Council

husband."

Therapy must be personalised to fit the client's model not just to establish rapport but to stimulate essential motivational energy. These motivations must be inserted at regular intervals while in hypnosis, as the proverbial carrot to encourage the client – "You've told me, X, that you want to feel better, fitter, healthier, more attractive, more in control, younger with more energy and vitality, to be able to go to the theatre, to be able to fit comfortably into jeans etc. etc., and, because of that, you will (do such and such) or "will have no desire to" (such and such).

The client should be guided to positive images of themselves looking and feeling as they will do at target weight and acting as they want to behave – doing the things they want to be able to do – setting the mind to the goal so that they can actually experience the positive in the hypnotic state.

Mild aversion can be used to great success in eliminating negative behaviour e.g. "You will have no desire to eat those sickly, sugary sweet, cloying, sticky, gooey, creamy rich or greasy oily, fatty, slimy, rubbery foods that leave you feeling heavy and lethargic with an overfull, bloated, distended, uncomfortable stomach." Encouragement also with – "instead you'll find yourself much more attracted to healthy, fresh and natural nutritional foods that are crisp and full of fibre, that are soft, ripe and tangy, packed with vitamins, minerals and nutrients that make you feel good, make you glow with health, energy and vitality, make you feel good from the inside out."

The client should also be given a direct suggestion as to when they are *satisfied* explaining: "You will no longer want to eat until you are full – you eat now only until you are satisfied – your unconscious mind and your stomach can work in perfect harmony now to advise you when you are satisfied and you stop eating immediately even though there may still be food left on your plate or in front of you".

Two common issues in weight problems are snacking between meals and eating late in the evening – again these must be addressed with direct suggestion. "You will have no desire to; you simply will not want to ..." and anchor in the motivational reasons "... because you do want to feel fitter, healthier, stronger, go to the theatre, wear jeans etc...."

As hypnotherapists we are well aware of the unconscious mind's ability to achieve physical control of the body – e.g. ideo-motor responses – and yet text books seem to neglect this factor in weight control therapy: our appetite, taste buds, metabolic rate and rate of digestion and absorption of food into the body are all autonomic body functions under unconscious control.

I include direct suggestions to redress any imbalance in these areas. I firstly explain that the unconscious is in control of these and that "your unconscious mind can stimulate your body functions in some safe, healthy, effective way to make the weight loss easier. It can send a message to your kidneys to ensure they work at their most effective and efficient level to eliminate excess body fluids and let go of waste matter. Your

*digestive system can now function at its safest ... healthiest ... most effective level to process food through the body as calories. Your unconscious can stimulate your metabolism to work more effectively and efficiently to burn off excess fatty tissue. It can alter your taste buds to allow you to feel more attracted to healthy foods which facilitate weight loss and much less attracted to the fattening foods which cause fatty, blubbery tissue built up in the body."*

Visualisation techniques can be employed here to strengthen and reinforce these suggestions and can be taught for self-hypnosis use to the client to be practised on a daily basis.

**For metabolic stimulation I use visualisation of a foot on the pedal of a car and the sound of an engine revving to a healthy level of sound; or a washing machine on spin from slow to optimum speed.**

**For kidney stimulation, visualisation of standing under a shower and the water flushing all impurities off the body and then all excess fluid swirling round the plug hole and down the drain.**

**For digestive system stimulation I ask the client to imagine waste food being put into a waste disposal, churning up and being flushed out by fast running water.**

**For taste buds alteration: a thermo-stat dial with high calorie fattening foods at the top end and healthy non-fattening foods at the bottom. The client is asked to imagine resetting the dial in direction of healthy foods.**

All of the techniques discussed here can be combined to de-condition the reflex response to food on the part of the client. However psychological origins of the problem must also be explored. It is my experience in clinical practice of working with women – and men – individually and in groups, that by the time clients get to the hypnotherapist's consulting room, they have tried almost everything else available on the market for weight control.

In 1990 I undertook an informal study to ascertain the level of psychological origin factors in weight problems. Unknown to the clients themselves I treated three groups, each of ten clients:

- Group A** Given a purely habitual approach i.e., direct suggestion.
- Group B** Received an analytical approach.
- Group C** A combination of both approaches.

Though all groups showed a significant improvement, the achievements and longevity of benefit was markedly higher in Group C.

This study led me to construct a group therapy approach to weight control in which clients could explore both psychological origins of their over-eating and learn through self-hypnosis to eliminate the habit response.

I noticed in working with these groups that the psychological component of the over-eating response can almost always be slotted into one or more of four categories which I call **C.A.D.D.**

- Comfort** – Food equals love.
- Anger** – Food used to suppress emotion of anger.
- Defence** – Fat defends sex; keeps people away; fear of success.
- Depression** – In my book this is almost always anger turned inwards on the self.

A variety of approaches can be used to discover and relieve the source aspects of over-eating from Gestalt, Reframing (N.L.P) "*What is the fat trying to do for you?*", through Dissociation – communicating directly with the part of the client which wants to over-eat/be fat – Transactional Analysis and good old fashioned Regression (including diagnostic scanning).

The first approach mentioned, Gestalt, I have found to be most effective in helping the client to express self-forgiveness – ideally to an empty chair, with or without cushion. After years of self-loathing it is a must for the client to be allowed to integrate and move on. The cushion can actually be held and hugged during integration. (This experience can be quite cathartic in nature).

Of course, simple dissociative techniques can be used in hypnosis instead, but it is vitally important that in the over-eating arena the clients learn to forgive themselves for their self-abusive behaviour and learn to accept and like themselves warts-'n-all. This should be reinforced with ego strengthening suggestions in hypnosis.

In summary, knowing *why* is not enough. Over-eating patterns and secondary gains have usually been long in place for the obese client who enters the hypnotherapist's consulting room and will rarely magically disappear from knowledge and understanding or original triggers. The behavioural response itself must be extinguished and supportive self-therapy has to be in place while the new way of living with losing is being learned.

Which brings me back to the party. As I bite into my previously prohibited delicious delicacy, I smile with quiet confidence and add that "*actually everyone who comes for hypnotherapy basically comes with exactly the same problem – they want to learn to live happier lives.*"

**That's something I do know a lot about. It was through hypnotherapy I learned how to do it myself!**