

WEIGHT OFF YOUR MIND

How to Change Your Mind About Your Body

A scientific, evidence-based approach to end binge eating, improve body image, and facilitate weight management using hypnosis and other mind power methods

by
Dr Katie Richard

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Dedication and Thanks

This book is dedicated to my Mama, who struggled with nicotine and alcohol addiction and a series of physical ailments, and propelled me into the pursuit of helping others with the same dilemma. Many thanks to all those who supported me in writing this book: everybody at EQ Life Design and PSI, my Angelic therapist Dianne Levick and all of my patients who provided me with the opportunity to heal. A wholehearted thanks to my awesome marketing and business mentor Angela Raspas from Ideas into Action who gave me the idea to write this book and support from my fabulous editor and friend Dr Juliette Lachemeier from The Erudite Pen and everyone at InHouse Publishing.

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Table of Contents

About the Author	xi
Foreword	xiii
Testimonials	xix
Preface	xxi
Introduction	xxxii
PART I	
How to Make Hypnosis Work by Removing Physical/Medical Barriers	1
CHAPTER 1	
Body Check	3
Dr to the Rescue #1: Do I Have a Medical Condition That Affects My Weight/Appetite?	3
Dr to the Rescue #2: Am I Taking Medication That is Contributing to My Weight/Appetite Gain?	10
Dr to the Rescue #3: How Can I Get Proof That My Change of Lifestyle is Affecting Me?	12
PART II	
How to Make Hypnosis Work by Removing Life Barriers	15
CHAPTER 2	
Believe It or Not	17
Taking the Journey From Self-Doubt to Confidence	18
How to Build Your Self-Efficacy Muscle	19
Ask and You Shall Receive	22
The Eight 'I Can Do This' Exercises	25

CHAPTER 3

Feeding Your Self-Esteem, Not Your Stomach	29
Gain Self-Esteem to Lose Your Unwanted Body	
Hatred/Fat and Urge to Binge/Overeat	29
Love Your Body—It Will Love You Back	33
The Ten Pathways to Loving Your Body Into Slimness	34

CHAPTER 4

Slimming by Social Osmosis	39
Slimming by Osmosis Tip 1: Many Helping	
Hands Make Light Body	39
Slimming by Osmosis Tip 2: Eat With the Right People	44
Slimming by Osmosis Tip 3: Socialise With Slim People	45

CHAPTER 5

Stress Management for Slimming	49
Manage Stress, Manage Abdominal Fat	50
Stress Defined: 'Stressed' is Desserts Spelled Backwards!	51
5 Reasons Managing Your Stress Will Help You	
Manage Your Weight	53
Melt Away Your Stress With Any of the 5 Power	
Methods	54

CHAPTER 6

Forgiveness	65
Resentment: A Weight on Your Shoulders	65
We Cannot Change Weight by Holding Onto	
Things That Created It	70
10 Guidelines to Understand Forgiveness	73
Exercises to Release Resentment to Release the Fat	79

CHAPTER 7

Sleep Away Your Fat	81
Wake Up to Your Best Body	81
Better Sleep for Reduced Hunger	82
How to Get Better Sleep	
(Even if You Have Young Children)	85

PART III

Psych Check: How to Make Hypnosis Work by Removing Psychological Barriers	91
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CHAPTER 8

Get in the Mood for Weight Management	93
Mood Up, Weight Down: How Your Mood May be Linked to Your Eating and Weight	93
Depression Defined	96
Causes of Depression	100
How to Conquer Depression	102

CHAPTER 9

Body Image: How to Love Your Body so It Will Love You Back	113
Body Image Defined	113
Why Body Image Satisfaction is So Important	117
Fat Acceptance and the Body Image Movement	117
Is Having a Normal Body/Shape Realistic or Necessary?	119
8 Steps To Supersize Your Body Confidence	121

CHAPTER 10

How to Overcome Food Addiction, Binge Eating, and Emotional Eating	131
The Drug/Food Addiction Parallel	132
Understanding Food Addiction Fact #1: Your Brain Reacts Abnormally To Food	135
Understanding Food Addiction Fact #2: Food Scientists and Manufacturers Engulf You in an Obesogenic Space	137
Understanding Food Addiction Fact #3: You May Have a Disorder	139
Understanding Food Addiction Fact #4: You Cope by Eating	142
2 Steps to Overcome Problem Eating	146

CHAPTER 11

Forbidden Fruit—How to Eat Your Favourite Food	149
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PART IV

Therapy Options 157

CHAPTER 12

Hypnosis: When the Pendulum Swings, Change Begins 159

The Magic of Hypnosis—This is What Hypnosis Really Is 160

Visualisation—the Powerhouse of Hypnosis 161

Hypnotic Suggestion—a Program to Respond 162

Hypnosis is Very Effective—See It to Believe It 168

Differences in Response to Hypnosis 169

CHAPTER 13

Psychological Therapy—the Diet for the Mind 175

The Reason Psychological Therapy Can
Potentiate Hypnosis 175

The Effectiveness of Psychological Therapy:
The Proof is in the Pudding 177

CHAPTER 14

EMDR and Alternative Methods 187

EMDR: Weight Loss in the Blink of an Eye 187

The Evidence That EMDR Works 190

Breathwork—Breathe a Sigh of Relief if
All Else Has Failed 192

Tapping Into the Power of Meridian Stimulation 194

3 Ingredients for Therapy Success 196

PART V

Putting It All Together 201

CHAPTER 15

What to Eat to Slim Down 203

Do ‘Diets’ Work? 203

The Low Calorie Diet 208

Dietitian’s Advice for Weight Loss 210

CHAPTER 16

How the New Science in Exercise Can
Boost Your Weight Loss 215

Is Exercise Really Necessary For Weight Loss
and Maintenance? 216

Table of Contents

ix

THE Magic Trick to Perk up Your Exercise Motivation	218
How Will You Benefit From Exercise?	220
Resistance or Aerobic Exercise: Which Exercise is Best?	221
Best Intensity of Exercise to Maximise Weight Loss	221
Short and Sweet: The Best Way to Exercise	223
Optimal Time to Exercise	226
Staying Safe During Exercise	227
22 Ways to Stay Motivated to Exercise	228
Glossary of Terms	239
Appendix 1: Tracking Your Progress	243
Appendix 2: Monitor Your Behaviours	253
Appendix 3: Alcohol and Your Weight	255
Appendix 4: Night Eating Syndrome, Bulimia Nervosa, and Sleep-Related Eating Disorder	261
Appendix 5: Feedback Form	265
Sources	269

About the Author

Dr Katie Richard, B.A., M.A., Psy.D (Clin. Psych.)

Dr Katie Richard is a clinical psychologist with over fifteen years of post-doctoral clinical experience, devoting most of her practice to helping people overcome their addictions to drugs and food. Dr Richard began her studies in 1991 in London where she trained at the Academy of Hypnotherapy and received her Certificate in Hypnotherapy & Psychotherapy. Back home in South Africa, at only nineteen years of age, she attracted patients from all over the country due to her astonishing results using only hypnotherapy. This work inspired her later doctoral project.

In 1996, she graduated from the University of Miami in Florida with a Bachelors of Arts in Psychology and Creative Writing. She then continued her formal education in San Diego at the California School of Professional Psychology at Alliant International University from which she graduated with a Master of Arts degree in Clinical Psychology in 1999. Her research in hypnosis was recognised after completing a major study at the Naval Medical Centre in San Diego. In 2001, she graduated with a Doctorate in Clinical Psychology.

She also received a Post-graduate Diploma in Social Learning Theory and Counselling from the University of Birmingham (UK) in 1998. Following her

doctorate degree, she also advanced her clinical skills with training in Emotional Self-Management (ESM), training with the founders of the method (Dr Pratt & Dr Lambrou) in San Diego. She was also trained in Eye Movement Desensitisation and Reprocessing (EMDR) in 2001 and advanced her EMDR skills with the help of her supervisor Nick Cocco.

She put her clinical skills (including those in hypnosis, ESM, and EMDR) into practice when she worked in both private and public sectors in the USA, England, South Africa and Australia where she helped patients overcome mental health conditions, primarily addictions to food, alcohol, nicotine, and other drugs. In 2009, upon discovering that EMDR was successful in treating binge eating, she began working primarily with clients with food addiction, Binge Eating Disorders, and weight management problems. Combined with her fifteen years of clinical experience and her own personal experience of Binge Eating Disorder and weight management problems since age twelve, she has now forwarded her expertise in this book. She has been the primary researcher in the study of treating Binge Eating Disorder with EMDR at the University of Sydney. She presented preliminary findings at the Eating Disorder and Obesity Conference in 2015.

Dr Richard is a member of Australian Psychological Society, a registered psychologist with the Board of Psychology, a member of the Australian College of Weight Management, a member of the Professional Hypnotherapist Centre (UK), and a member of the Australasian Society on Alcohol and Other Drugs (APSAD).

Foreword

By Dr Les Blackstock

In my many years of doing cosmetic surgery including liposuction, I have been aware how much appearance impacts a person's well-being. I read an article from research at the University of New South Wales in Sydney that said that of 60,000 volunteers from all over the world, 80 percent of men and 20 percent of women who rated nearly 1,000 different female body types, the thin body type was preferred. It just goes to show that it is not only in Hollywood that men's social status is linked to the attractiveness of their wives.

Also, it is unfortunate, but the fact is, our appearance has an effect on our social status and income. Many years ago an article in the *New York Times* reported the findings of an eight-year study of 10,039 randomly selected people who were aged 16 to 24: fat women were 20 percent less likely to marry, had household incomes that were an average of \$6,710 lower, and were 10 percent more likely to be living in poverty. The overweight and obese were also more likely to lose socioeconomic status. Obese men were 11 percent less likely to marry.

So, we know this is due to society's view that being overweight is unattractive. We know that 'fat' people face bullying, and when they lose weight, they get complimented. So much discrimination

happens. This is not easily fixed by conventional diet and exercise programs—we know that obese and overweight people do not necessarily consume more calories than thin people.

Fortunately, help is at hand. Surgery, while it is not the only option, can be helpful. Many of my patients after surgery say, “I feel so much better about myself,” and, “I am enjoying life more.” They also say that liposuction surgery is able to target specific areas whereas dieting makes them lose fat from areas they don’t necessarily want to lose, e.g. the breasts. So, with liposuction they can target specific areas like the thighs, abdomen, or hips.

The link between psychological well-being and change to body image is linked in both directions. Changing a person’s body increases psychological well-being and the reverse is true—changing a person’s psychological process improves body image and can even change body shape.

As a surgeon, I have come across people whose desire for cosmetic surgery is misplaced and the factors that drive them are actually a contra-indication to surgery. They would not be happy with the results and they are more prone to complications due to the release of negative body hormones and neuro-chemicals. I have seen evidence of these people getting psychological support and once they commit to the process, they feel so much better, even without surgery.

I know how difficult it is for people to lose weight using conventional diet and exercise programs that don’t address the psychological part and don’t consider the genetics of a person. We are genetically programmed to store fat. We needed it in times of plenty to save for the fasting times when we were

hunter-gathers. However, in our modern society, food is everywhere, it is no wonder that we are expanding around the waist and everywhere else. For this stubborn last fat that won't shift despite exercise and diet efforts, liposuction can help.

Most people know they are not eating the right diet and that they need to exercise. What's missing is addressing the underlying psychological factors that lead to poor motivation to implement sound advice. We do not only eat because we are hungry. We eat when we are sad; we eat when are happy; we eat to please people; we eat because our mothers have told us to eat everything on the plate. The motivation to eat right, especially when it tastes so good won't come out of nowhere. Neither will you have the motivation to exercise, it's simply not there when you look at yourself with fat bulging over the exercise shorts. Do you really feel like showing yourself at the gym looking like that?

For this reason, I have referred many people to Dr Katie before and after liposuction and breast augmentations. Patients who were treated by Dr Katie reported stopping binge eating, no longer having cravings, being able to eat the recommended amounts of fruit and vegetables; some reported feeling more motivated to exercise. I often received reports of weight and centimetre loss but also of diminished depression. They were no longer eating to fill a void. People wanted a quick fix for major problems. While I could offer them fat loss through liposuction, I also offered them Dr Katie's help, which I knew I could rely on.

Some of the patients had other comorbid medical or personal problems that Dr Katie attended to and fought through with them. She approached each

patient with sensitivity. Her passion for her calling to help people with food addiction was evident. While she wasn't able to help everyone, the one thing I saw consistently was that as long as patients had at least four sessions, binge eating ceased!

When Dr Katie initially started at our practice, she expressed feeling a bit worried she wouldn't have enough patients. But a few months later, she was working even on weekends, seeing patients back-to-back. She had patients driving all the way from as far west as Bathurst (128km away) and as far south as Caringbah (88km away) who had been referred by word-of-mouth from various patients.

I am pleased that she is now putting her expertise into this book. When Dr Katie told me she was writing a book, I was confident she would help many more people with this. So often people get misguided advice from slimming diet books and magazines and don't follow advice from specialists, even dietitians. Many people have felt disappointed in themselves in not being able to stick to a 'diet' that forbids certain foods. When Dr Katie told me about the ground-breaking research she was doing with EMDR for Binge Eating Disorder at the University of Sydney, I also realised that this is someone who has provided scientific evidence for a psychological treatment that should be used by many more practitioners.

I believe that Dr Katie's book can change people's attitude toward their bodies, their lifestyles, and their self-esteem. With Dr Katie's vast knowledge and clinical experience on this topic, it is a breath of fresh air to an area that has been polluted by people who prescribe diets and promise success. Dr Katie's approach is one that takes into account not only the physical, but also the emotional aspects

involved in weight management. I believe people will finally stop blaming themselves for their failures with slimming diets with this very comprehensive reader-friendly book.

Dr Les Blackstock
Aesthetic Surgeon, Enhance Clinic, Penrith, NSW

Testimonials

Hi Dr Katie,

The EMDR technique calmed me so I was able to process feelings clearly in counselling. Previously counselling left me feeling 'swamped' by emotions but this has changed my outlook and was invaluable for my development ... I can control my portions more successfully. I eat more healthy foods, less sugar, and now exercise. A side effect of my more positive overall outlook is that I have stopped compulsive shopping! So money is less of a worry and I am more in control in that area of daily life also. I feel counselling has been a success and I am healthier, happier, and more in control because I attended sessions with you. So thanks.

R.P., NSW

Dear Dr Katie,

After seeing you for approximately 10 sessions, I just wanted to provide you with some feedback. Since seeing you for not only weight loss purposes but also to change my attitude towards the whole matter I am pleased to say I am a lot more positive towards myself these days. I wouldn't say 100% but there is definitely a difference in the way I view myself.

In relation to actually losing weight, I set a goal for myself in February this year to lose 13 kilos and I

have so far lost 8 in 5 weeks. This is the first time in my entire life that I have actually been able to stick to weight loss goals set and actually stay on track. Thank you for your assistance, I just felt it important to let you know it's working!

Kind Regards, Shona Gauld, NSW

The treatment was excellent, and I found it easy to lose the weight. I feel I'm back on track, and am on the way to my goal weight. I eat a lot less sugar now, and food that is healthier. I rarely binge, and if I do I work out what the underlying problem is and I'm back on track the next day.

Thanks again, Sharon V., NSW

I have lost 4kg since treatment with you. My satisfaction with treatment with you is definitely 20 out of 10! I have had a real breakthrough in the last 2 days about finally after 50yrs as seeing food as the enemy, and my body as the war zone I am sick of it. I am choosing to see it as my friend and my eating has changed dramatically ... I am eating food that I will enjoy and healthy and mindfully eating it, no reading or watching TV. I have had no preoccupation with food and have felt full ... Now Sunday night and usually mega binge and planning on eating an enjoyable dinner including rice. I feel it is a breakthrough in how I perceive food and myself.

Pam Matthews, NSW

I found the treatment worked very quickly and I found myself more motivated to exercise and less preoccupied with food almost instantly. I have lost 17 kg!

I felt comfortable throughout the treatment—it worked after only 1 session!

S.O., NSW

Preface

How I came to develop *Weight Off Your Mind*

The idea of writing *Weight Off Your Mind* came about as I realised that I had a passion for helping people heal from overeating, obesity, and an emotional battle with their body. I had a passion because I was good at helping people heal from these—more and more, I saw results. These success stories kept happening in my practice. With my website, I also received emails from people overseas requesting my help. I wanted to reach out to more people, so I developed the ‘Hyp2Hip Slimming’ DVD. Through my practice, I realised some people want a bit more assistance than just the hypnosis and ESM from the DVD. In addition, I found that for some people hypnosis just didn’t work and because I figured out why hypnosis didn’t work, I went on a path of discovery to finding how to make hypnosis work for the resistant ones.

I have an incredible urge to get the word out there that ‘diets’ are not the way to cure an eating disorder. I saw too much how so many people get caught up in the diet mentality and not only fail at their weight loss attempt, but also become more and more despondent and end up hating themselves (so much more). You see: I am one of you. By that I mean: I am a ‘fatty’ myself, now in recovery. I not only got through Binge Eating Disorder and being overweight

myself, I have also helped other people overcome their eating/weight problems.

Why I use hypnosis

When I was twelve years old I wanted to win a biathlon (a contest of running and swimming). I did not think I had any chance of winning unless I did something beyond just training daily. I searched and then came across a hypnosis book—Ursula Markham's *Hypnothink*. It inspired me and although at that stage I did not achieve my goal to win a biathlon, I became interested in hypnosis to the point that I practiced almost every day. I was able to do a trick: I was able to make a credit card stick to my forehead for several minutes even while shaking my head. I loved it!

By the time I was eighteen and ready to graduate from high school, I was eager to make a career of hypnosis. I flew to London and completed a hypnotherapy and counselling course. When I started practicing as a hypnotherapist in South Africa, I was only nineteen years old. Although I did not help everyone who came to see me, I helped many people overcome their obstacles: stuttering, smoking, poor self-confidence, cigarette addiction, etc. To me hypnosis was some kind of magic!

I believed hypnosis could do anything.

My most meaningful moment in my early career was when I had a patient in her twenties who came to me for breast cancer treatment. I had never worked with that before, but I agreed to go ahead with a hypnosis session with her because she had received positive feedback from a relative and trusted that

I would help her too. Believe it or not, I was that confident I could help her, I was disappointed the first session did not treat it!

After the second session, she phoned me to let me know she had cancelled her mastectomy as all her tumours had completely disappeared! Her doctor was shocked when he re-examined her.

I understand if you are sceptical about this cancer-cure, but to me this is just what I expected hypnosis to do. Of course, it could be argued that there were several other factors at play here i.e. her expectancy, my faith in treatment, her faith, etc. This case—although extraordinary—did not lead me onto the path of working with oncology patients as my real drive was to get the answer to alcohol and cigarette addiction because my mother struggled with these addictions for many years and I suffered as a result. Although (and perhaps because) I did not treat her, I felt compelled to help others overcome their addiction—it was therapeutic for me to eliminate other people's addictions.

I rebelled when my father and uncle pushed me to study at university, because I felt hypnosis was all I needed to know. However, I agreed to formalise my knowledge eventually. I continued to be frustrated about the sceptics about hypnotherapy at university. It was off-putting but I was determined to prove them wrong. By the time I got to Masters degree level, I found a professor Dr Jim Spira who not only supported my belief in hypnosis, he taught hypnotherapy courses. I proved my hypothesis that hypnosis works (to help people quit smoking) with my

formal research project at the Naval Medical Centre in San Diego in 2001.

Despite my belief in hypnosis, I was struggling with my own crisis: I was terribly addicted to food, especially chocolate. I had been to hypnotherapists myself—not just one or two, but several, and still did not achieve my desired outcome. Neither did I succeed with the ‘100’ diets, herbal treatments, homeopathy, appetite suppressants (Phendimetrazine), nor Tony Robbins tapes and workshops (including the Fire Walk). I (unofficially) studied nutrition and even had liposuction three times yet remained desperately unhappy with myself, my eating, and my body. I knew somehow that it was not a pill or a diet that could solve my problem, but I couldn’t find the psychological solution either. My whole world revolved around finding that *one* thing that would make me stop overeating and finally get to a weight with which I was content.

I could not understand why I could treat clients and help them lose weight, but not achieve my goal weight myself. When my clients told me they were eating a whole block of chocolate driving home from the grocery store I knew exactly what that felt like. Although I never had a drug, alcohol, or cigarette addiction, I felt just like an addict when it came to food, especially chocolate. I kept thinking, *There has to be an easier way ... and Why can I not practice what I preach?* I do not want to be told what to eat. I ought to know it intuitively. At my heaviest I weighed 80 kg (at 5’3”/160 cm). It was driving me crazy.

Why I added ESM

After years of studying conventional psychological therapies at university, I studied Emotional Self Management (ESM) in San Diego with the founders

of the method, Dr Pratt and Dr Lambrou. At the ESM workshop, I met a lady who had been abducted by the Mexican Mafia (she had been held hostage for a ransom) who had consequently been healed from her trauma by ESM. From then I knew that ESM could achieve amazing results. I also applied it to myself. It was amazing to see accelerated results with ESM added to hypnosis. I personally got temporary relief from my food addiction with the addition of ESM. For my patients:

ESM was a breakthrough for those who did not respond to hypnosis alone.

How eye movement desensitisation reprocessing (EMDR) revolutionised my clinical practice and changed my life

In 2001 I studied EMDR with Dr Thomas Horvath, author of *Sex, Drugs, Gambling & Chocolate*. At the time EMDR was very new, so the workshop was very basic and only 1 day long (it now is at least 4 days long). The first time I implemented EMDR, I was an intern at the San Diego Job Corps and was able to treat a young lady who had been date raped: the EMDR treatment was finalised in only one session! Because Dr Horvath was an addiction treatment expert, a past president of the Society of Addiction Psychology, he mentioned that 'EMDR could be applied to addictions' but did not go into great detail about how to do it. So, for many years, I had used it for anxiety disorders only (mostly phobias, panic attacks and PTSD).

Then in 2009 in my practice on the Gold Coast, a patient—who drove over an hour from Brisbane—was not responding to hypnosis nor ESM to relieve

her addiction to junk food and chocolate. I didn't want to disappoint her, especially because she had travelled so far and was referred by someone who had achieved great results with the ESM and hypnosis. Frustrated, not knowing what to do with this desperate girl, I thought, *Maybe see if EMDR works*. Voila! It did! It was the breakthrough I needed. I researched this as I had not been taught how to apply EMDR to addictions properly when I studied EMDR in 2001. From then on, I applied it to 'food addiction' as well as those addicted to alcohol, speed, heroin, and nicotine.

EMDR seemed to resolve addiction to drugs (including nicotine) and food more effectively and faster than any other method I had been taught at university the past eight years.

It seemed that my conceptualisation as food as an addiction actually worked although the alternative explanation for it working was that Binge Eating Disorder was more like an anxiety disorder and therefore responded to EMDR (which was originally designed to treat the anxiety disorder PTSD). Once I had the treatment myself, I got results—I got to 65 kg and my eating was less compulsive, less often. Yet, the results again were temporary and somewhat laboured. There were just two more things I needed to do to make it work: firstly, I needed to find the right practitioner who understood my story and inspired me. Secondly, I needed a technique that was quick and painless. This is how I realised the power of eye movements could assist. Strange as it sounds, but eye movements used in EMDR (a scientifically supported psychological method) is also present

in the breathwork, an unconventional/alternative healing method.

I also came across a method called NAET (Nambudripad Allergy Elimination Technique) that I used to get rid of my food allergies. I noticed some similarities in the method with EMDR: the method addresses that underlying emotional trauma that fuels current ailments. It all made sense to me how and why EMDR works—after all those years of practicing psychology using conventional psychological methods.

Being told what to eat, what not to eat, and to exercise, did not make sense to me. What I needed to know was *how* to do it.

Once I integrated this information, it was like something clicked and the weight dropped off me. I could eat food like a slim person. I *finally* felt the same relief that my drug addicts told me when they no longer had that tunnel vision of their drug anymore. My addiction ‘food, food, food!’ was no more. I could eat a piece of chocolate without having this overwhelming urge to finish off the entire block. I could share a muffin with someone. I could push the plate away—I actually felt full! I could wait for a dinner rather than feel irritated about having to wait. I could eat whatever I wanted and did not gain weight! I actually looked forward to eating salad! Eureka! With all the research I had done on nutrition and exercise, I finally was able to apply this information and then achieved my ideal body too.

My hunger did not control my life anymore.

I used EMDR on my clients and found even better and quicker results than using hypnosis and ESM. I knew I had found my purpose! I was so excited that I decided I need to get these results published in formal publications. I was advised by my professional peers to do a research degree to find scientific evidence for my findings that EMDR could be helpful in eliminating binge eating and helping people lose weight.

Doing another degree and partaking in in-depth research is not a small task, but I was so excited about this that I decided to push past the idea that it would be hard work. Despite already having a Doctorate degree, I officially enrolled as a post-graduate research student at the University of Sydney in 2013 and was conducting research on EMDR for Binge Eating Disorder. When I spoke to my supervisors, they told me this is ground-breaking and will be sought by the founder of EMDR (Dr Francine Shapiro).

I presented my preliminary research findings at the Eating Disorder and Obesity Conference in May 2015. As in my clinical practice, I found that participants had not only stopped binge eating, but had also lost weight and centimetres, and found themselves to be more motivated to exercise. That was with EMDR alone!

I am so inspired by this—I feel privileged to be able to offer something so uniquely powerful to my patients. It's a shame that the EMDR method, which has over 70,000 practitioners worldwide, is only used by just over 285 practitioners in Australia and

not many (or none at all) use it specifically for (food and nicotine) addictions. I'm currently in the process of developing a training program for practitioners in Australia and other parts of the world so that many more people are able to benefit from this extraordinary method.

The results of my EMDR research were amazing and very supportive of my mission to get it across to the psychological profession that EMDR can be used to treat Binge Eating Disorder and help people lose weight. However, while ground-breaking, it was still obvious that the treatment needed improvement to apply to more people. Those who stopped binge eating but did not know what to eat, needed diet advice too; those who were inspired and motivated to exercise but didn't know which exercise to do for best results, needed exercise physiologist's advice too; those who simply did not respond to EMDR needed an alternative psychological method or an addition of medical treatment. Again, it supported my hypothesis that even the best psychological intervention I could present was incomplete or insufficient and was not applicable to everyone.

If you have been made to believe that there's something wrong with you if you can't follow this seemingly simple formula: 'eat less, exercise more', then take note—the problem is not with you. The problem is that this formula is incomplete. I believe that psychological methods have been the underdog in this whole weight management puzzle. Medical professionals—who are held in such high regard—have not been able to provide us with a satisfying answer either, and sadly not many have asked psychologists to assist in this war against obesity. When I was studying, one of my professors made us aware

that she—as a psychologist—was made to feel like a second-class citizen because she was a psychologist rather than a medical professional. I have heard this sentiment more often since my studies; one of my colleagues even said that a psychiatrist told him, ‘You didn’t make it into medical school, so you went into psychology, huh?’ In my own professional life, I have experienced being treated as inferior to a medical professional with small gestures, such as not being allotted a designated ‘doctors’ parking spot at the hospital, because I was not a ‘real doctor’.

I am here to say that the weight management problem can be solved—not by the medical profession, not by dietitians, not by psychologists, but by acknowledging that if we all work together, we can make it happen. The only thing that is left now is to convince government regulators to stop food scientists, food manufacturers, and advertisers to fatten us up, destroying our mental and psychological health.

Introduction

'Our thoughts are traitors and make us lose the good we oft might win by fearing to attempt.'
(Shakespeare)

If you are reading this book, is it because you would like to stop binge eating or overeating, improve your body image, lose weight, and/or achieve your ideal or happy weight or all three? If this is what you want, you may notice as you continue to read this book that your belief in being able to achieve this will grow considerably. To start, identify what specifically you want (you can take a pencil and check off the ones that apply to you):

1: Have more harmonious eating patterns: no more overeating & binge eating	Check if yes
• be able to eat without losing control, even in risky situations like parties, buffets, and stressful times	
• eliminate the 'I'll start the diet on Monday' syndrome	
• be able to eat anything in moderation and abstain from binge eating forever	
• eat only when hungry rather than due to boredom, depression, anxiety, or other emotional states, or eating just to finish off what's on the plate or in the packet	

<ul style="list-style-type: none"> • have an appetite and hunger that is under control rather than have an existence of being controlled by an out-of-control appetite and hunger 	
<ul style="list-style-type: none"> • be free of cravings for chocolate, carbohydrates, junk food, or food in general 	
<ul style="list-style-type: none"> • have the ability to control food portions and speed of eating 	
<ul style="list-style-type: none"> • improve the relationship with food by releasing anxiety about eating certain foods 	
<ul style="list-style-type: none"> • eat any food (even cakes, chips, bread, etc.) without compulsion, guilt, or shame 	
<ul style="list-style-type: none"> • get enough pleasure from a single bite of food instead of requiring a larger dose to feel satisfied, e.g. enjoy a small block of chocolate or one biscuit without the compulsion to eat the whole lot 	
<ul style="list-style-type: none"> • stop feeling compelled to finish off the entire packet of biscuits, chips, etc. 	
<ul style="list-style-type: none"> • stop self-defeating, self-destructive eating behaviour that disrupts your self-esteem 	
<ul style="list-style-type: none"> • be drawn to eat (more) nutritious food rather than junk food 	

2: Lose weight* and maintain automatically—without effort	
<ul style="list-style-type: none"> • lose weight without trying very hard 	
<ul style="list-style-type: none"> • view 'diet' in a new light, see diet, not as a white-knuckle effort, but as a healthy lifestyle 	
<ul style="list-style-type: none"> • release the obsession with food, weight, and body image issues 	

* I am using the term 'lose weight' only because it is the more conventional term. If you prefer to think of this as 'releasing weight' to avoid the negative connotation of 'loss', feel free to substitute the word 'lose' with 'release'.

3: Behave and feel like a slim person	
<ul style="list-style-type: none"> • be in the right frame of mind to enjoy exercise 	
<ul style="list-style-type: none"> • improve motivation to eat to improve/maintain health and energy and to meet nutritional and energy needs 	
<ul style="list-style-type: none"> • be free of the judgment and criticism of yourself and others by eliminating the need to constantly evaluate whether you are 'good' or 'bad' depending on what you ate or how much you weigh 	

4: Feel good/better about yourself	
<ul style="list-style-type: none"> • enjoy a positive body image, experience feeling body pride and body love and acceptance 	
<ul style="list-style-type: none"> • enjoy improved health e.g. cholesterol, blood pressure, freedom from pain 	
<ul style="list-style-type: none"> • enjoy better energy levels 	
<ul style="list-style-type: none"> • feel confident (and become a better role model for children and others) 	
<ul style="list-style-type: none"> • be able to cope with stressors by improved coping skills and better social support rather than by eating 	
<ul style="list-style-type: none"> • enjoy improved mood and general wellbeing 	
<ul style="list-style-type: none"> • have improved overall appearance (improve hair, nails, skin) 	

So, is all of this possible or it is just a dream? As you read through *Weight Off Your Mind*, wondering how you can achieve what you want, and while you are letting go of old limiting beliefs, you will discover exactly what magic can happen. Your weight, your body, and your eating can all change for the better.

Other slimming books and programs have gone by the assumption that weight loss and maintenance is simply a one-size fits all calorie-in, calorie-out formula. That is the reason so many of them fail. *Weight Off Your Mind* is different.

The 4 reasons *Weight Off Your Mind* could help you normalise your eating and achieve and maintain your happy weight/shape

Reason #1: The barriers to achieve success with hypnosis are addressed

Hypnosis can work and does work, but there are so many other factors that may need to be addressed in order for hypnosis to work. Having originally trained as a hypnotherapist and achieving success with hypnosis, I am definitely a big supporter of using hypnosis for weight management. However, as you will read in the chapter on hypnosis, not much scientific literature supports the use of hypnosis, especially as a stand-alone method for Binge Eating Disorder and weight management problems. The fact that hypnotherapy does not have much scientific evidence to support its efficacy isn't because it's not effective though. Although the well-known psychologist Sigmund Freud used hypnosis, it never gained enough ground and hence was never regarded as an evidence-based psychological method.

Sadly, because of this, there are many hypnotherapists out there who may not be properly trained. Many hypnotherapists practice hypnotherapy after undergoing a weekend training workshop. Hypnosis books also consequently fail to provide the extraordinary outcomes that hypnosis is capable of. Neither are hypnotherapists screened—as other health professionals—to ensure that they are even suitable to practice in this profession. Some practitioners may also lack basic psychological knowledge to actually practice hypnotherapy. Therefore, the quality of hypnotherapy provided is poor. As you will discover when you read the hypnosis chapter, there is so much more to hypnosis than going into trance and listening to a standardised hypnosis script.

In addition, when hypnosis is researched in a proper scientific manner, it is either the method or the therapists themselves that provide disappointing results. So, we rely on case studies that end up being more of a 'he said, she said' piece of evidence. Some hypnotherapists advertising on the internet claim to get fabulous results immediately. I too can provide multiple reports of people who have quit binge eating and lost weight with my hypnosis sessions. However, the truth is, hypnosis (especially as a stand-alone method) does not always work and is not applicable or appropriate for everyone. If you've ever been to a hypnotherapy session, you may have found that it either doesn't work at all or works temporarily or only partially. If you've ever read a hypnosis book or used a hypnosis CD, you may have not succeeded at all.

This is how *Weight Off Your Mind* is different. It's not a book about weight loss with hypnosis only—not because hypnosis doesn't work. It's not a book about weight loss with hypnosis only because there

are potentially many other factors that need to be considered in order to make hypnosis most effective. *Weight Off Your Mind* is a book about how to make hypnosis work for you because in my many years of experience with weight management, hypnosis is the easiest way to do it. The good news is: I will let you into the secrets!

Whereas other slimming books or CDs will promise that hypnosis will help you achieve your weight management goals, the truth is: overcoming weight/eating/body image problems with hypnosis alone is the exception rather than the rule. I myself struggled with the idea that hypnosis alone is insufficient. My personal experience with hypnosis (in which I failed to achieve weight loss with it), as well as years of clinical practice, has confirmed that sadly, hypnosis by itself may not work.

Weight Off Your Mind differs in at least two ways to other slimming books and other hypnosis books. Firstly, *Weight Off Your Mind* has subliminal (hypnotic) suggestions throughout—this means that as you are reading it, you will already start programming yourself to achieve your happy weight and harmonise your eating patterns. You may or may not notice this, but you will absorb suggestions to lose weight, quit binge eating, quit overeating and notice some other surprising pleasant side-effects. If you wonder how all of this works and what the outcome will be, keep reading. You will discover the magic power of hypnosis as you read.

Secondly, *Weight Off Your Mind* was written after extensive experience and trial and error over many years with thousands of case studies (since 1991), as well as extensive review of the scientific literature on weight management. The outcome of all of this

combined was that hypnosis can work but only if it's used as part of a multi-pronged approach.

The fact that weight management needs to be tackled from a wholistic approach was also clear from a presentation I attended at the Eating Disorder and Obesity Conference in Queensland in May 2014. Psychologist and dietitian Dr Anita Cochrane outlined her research she conducted at the Queensland University of Technology in which she investigated the need for a multi-component, multi-disciplinary approach to manage problematic eating and obesity. She confirmed that physicians alone do not have the answer; dietitians alone do not have the answer; exercise physiologists alone do not have the answer; psychologists alone do not have the answer. But by combining diet, exercise, psychological, and medical components, the weight problem can be tackled.¹

Even my former high school classmate, a dietitian for Run/Walk for Life for the past 15 years and a contestant in the ultra-marathon Comrades, asked me to help her with her binge eating and weight problem. Clearly all the knowledge in nutrition and all that exercise did not help her solve her own weight problem. A psychological (or possibly medical) intervention or change in exercise type may have been more successful. It's the same reason even well-known TV personality personal trainers with weight loss shows don't just make people exercise. They tell them to change their diet and say things to motivate them to implement these changes. As you know, these personal trainers are not experts in diet nor psychological intervention, but they apply all these components to get results. That's the reason I too am applying mind methods as well as an exercise and diet component.

The idea of an integrated approach is not unique to weight management and problematic eating. Since 1998 when I was first engaged in treating people with drug and alcohol addictions, we always spoke about an 'integrated' approach. Still years later, when I worked at Queensland Health hospital, we were given a clinical guideline that advised us to apply this integrated approach. We were clinicians expected not to treat the drug addiction in isolation of other factors; it was assumed that we would take care of the issues connected with the addiction: mental health problems, homelessness, medical issues, educational problems, etc. So, why not treat Binge Eating Disorder and weight management problems with an integrated approach, when it's clearly linked to psychological, medical, and/or social problems?

What is clear from decades of research in the eating disorder and obesity literature is that weight and eating problems need to be tackled from a multi-component approach that includes diet, exercise, and behavioural counselling.²

It is for this reason that *Weight Off Your Mind* has a chapter on diet, 'What to eat to slim down'; one chapter on exercise, 'How the new science in exercise can boost your weight loss'; and all the other chapters are psychological methods that will remove the barriers to succeeding with hypnosis. You will also be pleased to know that it has one additional factor that is part of that multi-component approach that 99 percent of other slimming books neglect—an entire chapter on how to overcome potential medical/physical barriers with the chapter entitled 'Dr to the

rescue'. I believe it's irresponsible for medical doctors (who are not usually specifically trained in weight management) to publish slimming books unless the psychological, diet and exercise components are mentioned, but I do believe GPs can provide valuable insights into potential medical obstacles. Therefore, you may be happy to know that your GP can be of great assistance.

Attempting to fix your Binge Eating Disorder by going on another fad diet is not the solution; in fact, going on another 'diet' without psychological support is likely to worsen it

Reason #2: Hypnosis is potentiated with other psychological methods

As mentioned above, hypnosis is a very powerful method that can help you achieve your weight management goal as it makes eating in moderation and exercising regularly easy. As you may have read in the preface, as magic as hypnosis is, by itself hypnosis may be insufficient. This is partly, as mentioned above, that hypnosis may be ineffective if administered by untrained, inexperienced practitioners who may just read a standard hypnosis script while you're in a trance state.

However, hypnosis may also not be sufficient because it may not be able to address major obstacles including poor self-esteem, poor self-efficacy, resentment, poor coping skills, insufficient stress management skills, and other mental health problems (especially mood and anxiety disorders). This is how *Weight Off Your Mind* differs from other slimming books. Research after research has shown how complex weight/eating issues

are. Consequently, treatment needs to correspond to its complexity. I see it as the equivalent of someone walking to the doctors to get treatment for a burst appendix. The level of care needed to treat a more complex problem has to match the complexity of the presenting symptoms. Just as you need to be hospitalised (not just given tablets by a GP) for a burst appendix, so too do you need a more multi-faceted treatment for disordered eating and a weight problem. A diet alone is grossly insufficient. You need to be given the right information as well as the necessary treatment, not just a diet and exercise program by people who aren't sufficiently qualified. From my clinical experience, I have seen how attempting to address weight management/eating issues without addressing self-esteem, for example, is bound to lead to failure. The research too shows that repeatedly failing on diet program leads to diminished self-esteem.³ If you have poor self-esteem and feel ineffective, you are less likely to feel motivated to try again.⁴

In addition, the scientific literature is full of evidence showing how the presence of depression decreases the chance of success in weight loss programs.⁴ A systematic review and analysis of 112,708 participants in the journal *Obesity Review* found that adults with reported childhood abuse were significantly more likely to be obese and yet other slimming books never address trauma and resentment.⁵ *Weight Off Your Mind* will assist you in overcoming the trauma with psychological methods including EMDR and a very powerful chapter on harnessing the power of forgiveness.

I felt that the inclusion of psychological methods was so crucial too, it was evident—not only from my clinical practice but also from the literature—that

it's virtually impossible not to regain weight if you continue to eat in response to negative emotions and stress.⁶ A study published in the *American Journal of Clinical Nutrition* found key differences between 44 relapsers and 30 maintainers: 95 percent of maintainers confronted problems directly (compared to 10 percent of relapsers) and used personally developed strategies to help themselves.⁷

Similar findings were reported in an article entitled 'Who succeeds in maintaining weight loss?' in the journal *Obesity Reviews*.⁸ Researchers found that successful weight maintenance (defined as maintaining weight loss for at least 6 months) is associated with more initial weight loss, achieving a self-determined goal weight, a physically active lifestyle, a regular meal rhythm including eating healthily and eating breakfast, absence of loss of control of over eating, and self-monitoring of behaviours. Weight maintenance was linked to having a strong motivation to lose weight, a supportive social network, better coping strategies, especially an ability to cope with stressors, high self-efficacy, assuming responsibility in life, and more psychological strength and stability.

Weight regain was associated with a history of weight cycling, disinhibited eating, binge eating, more hunger, eating in response to negative emotions and stress, and more passive reactions to problems.⁹

That's the reason there's a whole chapter on how to build self-efficacy, a social support network, eliminate binge eating/comfort eating, stress management,

and various ways to cope with unpleasant emotions and problems.

Reason #3: Everything is backed up by solid scientific evidence

Unlike conventional slimming books that base their entire theory on a single study, this book is based on hundreds of case studies, as well as hundreds of studies that have been published in recognised professional journals. You may have noticed that the pages of references (sources) at the end of this book. It's not just a single page. If you were to look at books written on a 'good fat' diet, the author may quote one, or at the most two, scientific studies or case studies. For example, The Fatburner Diet provides evidence that it works based on only 14 volunteers! It goes on to recommend avoiding sugar, including chocolate, when there is mountains of evidence that sugar does not 'make you fat', as well as realms of scientific evidence that forbidding a certain food can actually make your Binge Eating Disorder worse.

I am not suggesting that the author is basing his 'good fat' theory on no evidence at all. I believe he is being genuine when he reports cases of success with this diet. However, if you were told that 140 participants who took part in a scientifically conducted study with rigorous research methodology on a particularly weight management method showing an average weight loss of 10kg in 3 months, would you trust that? Or would you trust an author who quotes that 14 volunteers reported to a magazine that they had lost an average of 10kg in 3 months? I believe that saying any diet or pill or potion works based on a few case studies is irresponsible. The reason that major pharmaceutical companies are able to sell their medication is that in

medical studies the product is tested on thousands of people before it is marketed. It's not unusual for it to be tested on at least 1,000 people in phase one of a human trial. How any slimming program gets sold with only a few case studies or one or two clinical trials can be explained only by our vulnerability and desperation, fuelled by our trust and belief in the authors, or manipulation by clever marketing tactics.

You can rest assured that *Weight Off Your Mind* is based not only on my personal experience but also on hundreds of my own case studies over my 15 years in clinical practice, hundreds of research articles in scientific journals, as well as the study I conducted at the University of Sydney. The glossary of terms at the back will explain some research terms if you are unclear about terms like 'randomised controlled trial'.

'The waist is a terrible thing to mind. The mind is a terrible thing to waste.' (Anonymous)

Reason #4: Weight loss and maintenance becomes an easy, effortless process

You may be familiar or unsurprised by the statistics of rate of failure with weight loss maintenance. In other words, you're not alone if you haven't succeeded yet. According to a report in the *Annual Review of Nutrition* 80 percent of people are unable to maintain a weight loss of at least 10 percent for more than a year.⁹ In contrast, researchers at the University of Kansas Medical Centre found that of 179 participants, 76.5 percent had successfully maintained their weight loss of at least 5 percent. One of their conclusions was that maintainers were those who were able to reduce the level of perceived effort required for long-term weight control.¹⁰

In other words, if you are just ‘white-knuckling’ a diet, holding your breath until you can eat what you want, you are less likely to succeed. Another study of 931 participants, published in *Obesity Research* echoed this finding.¹ It makes sense: if you find it easy to eat in moderation and exercise on a regular basis, you will continue with it. But how to make it effortless? If this appears like a pipe dream to you, rest assured. You will may be surprised how much hypnosis (and the other strategies outlined that in *Weight Off Your Mind* that potentiate hypnosis) make it easier for you.

You will also discover that while preventing weight regain after weight loss is one of the greatest challenges for most people, weight maintenance is actually easier than weight loss.¹² In fact, maintenance for some people gets easier over time and the chance of relapse after two years is unlikely.¹³

The research says that dietary/lifestyle programs are suitable for people who want to lose up to 5kg or for those with a BMI 25.0–29.9kg/m² with two or more risk factors; that pharmacological therapy (Orlistat, Topiramate or appetite suppressants, e.g. Duramine) are for those who want to lose up to 10kg or those with a BMI of 30–39 kg/m² or have failed with diet and exercise program; and bariatric surgery is suitable for those seeking a weight loss of 25–75kg or for those with a BMI of 40 kg/m² or more and those who have comorbid conditions (i.e. health problems).^{14,15} Yet, there is vast amount of evidence that even those who have undergone bariatric surgery require dietary/lifestyle treatment—in other words, bariatric surgery does not mean you don’t also have

to change your eating and (lack of) exercise habit. Sadly, although the evidence for pharmacological is good in the short-term, provided the negative side effects are minimal, tablets are never the long term solution nor a cure.

Weight Off Your Mind is designed to provide you with the tools to eliminate the root causes of your weight/eating problems. It's designed for you if you prefer the easy and sure way out of your 'food addiction'. Whether you need to lose 5kg or 30kg or have undergone bariatric surgery, I believe this book will help you. I wish you all the best! When you have read Weight Off Your Mind, please do me a favour: send me your feedback!

Part I

**How to Make
Hypnosis
Work by Removing
Physical/Medical
Barriers**