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INCREASING LONG TERM WEIGHT LOSS SUCCESS: AN INDIVIDUALIZED, HOLISTIC, SELF-CARE MODEL

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INCREASING LONG TERM WEIGHT LOSS SUCCESS: AN INDIVIDUALIZED, HOLISTIC, SELF-CARE MODEL

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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by

April Denise Lane

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ABSTRACT

Despite the many weight loss options available, the majority of overweight and obese individuals who try to lose or maintain weight loss are unsuccessful. This lack of success has been the focus of extensive research. In an attempt to develop more effective modalities, researchers have identified several predictors of weight loss success. However, the efficacy of diets is still limited.

For many, this lack of weight loss success may be due to issues such as depression, loneliness, anxiety, lack of support, or other environmental factors that may be imperceptibly related to food and exercise. Repeated dieting failures may produce feelings of deprivation, low self-esteem, reduced self-efficacy, and dietary rebellion. For these individuals, a more holistic approach to addressing weight-related issues may be more effective and is the impetus for the development of this project.

This project was developed utilizing several previously identified predictors of weight loss success, holistic and weight loss models, along with several self-help lay publications. This resulted in the development of a unique, holistic, self-care guide that is easily individualized and based on personal weight management needs. Individuals can potentially identify their unique physical, emotional, and spiritual motives for overeating or lack of physical activity, and design their own plan of action; potentially providing themselves with a new level of health and happiness not previously realized.

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CHAPTER ONE

INTRODUCTION

Background of the Problem

The prevalence of obesity, both globally and within the United States, is quickly becoming an epidemic, and behaviors associated with obesity may soon surpass smoking as the leading cause of death within the United States (Mokdad, Marks, Stroup, & Gerberding, 2004). Current estimates predict that if this trend continues, approximately three-quarters of U.S. citizens will be either overweight or obese by 2020 (Wang, McPherson, Marsh, Gortmaker, & Brown, 2011) and will be at increased risk for many chronic diseases.

The deleterious health effects of obesity have been well documented. Obesity can significantly increase an individual's risk of developing type II diabetes, heart disease, stroke, gallstones, and hypertension (Field et al., 2001; Sherry, Blanck, Galuska, Pan, & Dietz, 2009; Wang et al., 2011). Findings by Field et al. (2001) indicate that, as an individual's BMI increases, the odds of developing multiple illnesses increases, as does the chance of premature death. Obese individuals are also at greater risk of developing certain types of cancers (Field et al., 2001; Sherry et al., 2009), nonalcoholic fatty liver disease (NAFLD), gastro esophageal reflux disease (GERD), pancreatitis (Hurt, Kulisek, Buchanan, & McClave, 2010), osteoarthritis, infertility and asthma (Wang et al., 2011). It is apparent that if this upward trend in obesity rates continues, the associated

healthcare costs of treating the associated diseases and comorbidities could account for an approximate 48 to 66 billion dollar increase in medical expenditure within the United States by 2030 (Wang et al., 2011).

The health effects of obesity not only affect individuals physically, but emotionally as well. Overweight and obese individuals report being perceived as less smart, not as clean, less energetic, and in lacking control of their food intake, as opposed to those who are not overweight or obese (Puhl, Moss-Racusin, & Schwartz, 2007). It has been found that many who are overweight or obese may use inappropriate coping behaviors such as negative self-talk, social isolation, and binge eating (Puhl & Brownell, 2006a; Puhl et al., 2007; Vartanian & Shaprow, 2008). Even more alarming is that these individuals may begin to internalize these negative opinions and stereotypes, and begin acting in ways that are congruent to them (Puhl & Brownell, 2003) which may then lead to further weight gain (Puhl & Brownell, 2006b).

Many individuals who want to lose weight, quickly learn there are many options to choose from, including self-help, commercial and fad diets, pharmacotherapy, and bariatric surgery (LeCheminant et al., 2007). However, research suggests that diets provide only a modest amount of weight loss, frequently followed by a significant weight regain within one to two years (Tsai & Wadden, 2005). In addition, repeated weight-loss attempts accompanied by lack of success may further decrease feelings of self-worth and self-efficacy, increase body-dissatisfaction, cause preoccupation with body weight and shape, and may

also lead to dysfunctional eating and/or physical activity behaviors (Gingras, Fitzpatrick, & McCargar, 2004).

Significance of the Project

Most weight-loss programs focus on calorie restriction, exercise and physical activity, and the use of other behavior modification tools (Tsai & Wadden, 2005). However, research suggests that most individuals do not lose more than five to 10% of their body weight (Stubbs et al., 2011), or they regain 33 to 100% of the weight they initially lose within five years (Bacon & Aphramor, 2011; Stubbs et al., 2011; Tsai & Wadden, 2005). While a seemingly inexhaustible array of weight-loss options exist, and several predictors of weight-loss success and maintenance have been identified (Stubbs et al., 2011), success rates are low. What is needed is user-friendly, self-help, weight-loss literature, designed to assist dieters in learning how to care for themselves from a holistic perspective (body, mind, and spirit) while also incorporating many of the predictors of weight-loss success.

This project attempts to meet that need with the development of a holistic, self-help guide. A guide designed for individuals to examine their unique psychological, emotional, and spiritual reasons for eating or over-eating and assist them in the development of a personalized success strategy, to meet their own unique health and weight-management needs.

The guide could potentially be used as a stand-alone, self-help model, or in adjunct with any weight-loss plan or program. Since a more traditional diet and the use of the holistic guide are not mutually exclusive, incorporating it into a weight- loss program could potentially improve an individual's overall weight-loss and maintenance, health, self-efficacy, self-confidence, and quality of life.

Limitations of the Project

Not all individuals who want to lose weight will find the information outlined in the model applicable to their particular needs and may not benefit from the guide. Goals and successful outcomes are determined solely by the user and the format may be undesirable to those who are comfortable with a more rigid program outline. In addition, some of the concepts addressed in the guide may cause varying degrees of distress in some users, which could potentially influence their willingness to complete the suggested practices thus affecting their overall success in using the guide. It should be noted that, the guide has not been scientifically validated, nor field tested, so the efficacy of the project has not been determined.

Summary

The prevalence of obesity, nationally and globally, is quickly becoming an epidemic, and the deleterious health effects have been well documented. Obese individuals may suffer from multiple chronic health conditions and are at an

increased risk of premature death. As obesity levels increase the cost of treatment places an ever- increasing burden our health care system, and will continue to do so if more successful weight-loss strategies are not developed.

Those who are overweight or obese may be suffering not only physically, but emotionally and spiritually as well. They are often desperate to lose weight and are faced with many options. Those who are initially successful at losing weight often regain some or all of the weight within a relatively short period of time. Traditional approaches to weight loss often focus on behavior modification, diet, exercise, and physical activity, but often overlook an individual's emotional and spiritual needs. Current practices to address the obesity epidemic are not particularly effective. Therefore, it is imperative that materials be developed to provide individuals with the tools necessary for them to successfully address their health and body weight from a more holistic perspective. This project aims to address that need.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

This chapter will begin with an introduction to holism and Holistic Wellness, followed by a discussion of how the concept of holism can be effectively applied to weight-loss. Behavior modification topics will be discussed and will include: popular behavior change models frequently used in the development of weight-loss and physical activity programs, behavior modification for weight-loss, and popular weight- loss methods. Several known predictors of weight-loss success will be introduced and discussed and the efficacy of popular weight-loss methods will be examined. The need for a holistic model will be identified and the Holistic Self-Care Model will be introduced. Finally, the integration of these two models into a truly unique holistic self-help guide will be discussed.

Holism and Holistic Wellness

While there is no standardized definition for holism, the term holistic wellness was originally coined to explain that, while the body is whole, it is made up of a multitude of systems which interact together in ways that affect an individual's overall wellness (Gross, 1980). Holism has been identified as the cornerstone of complete wellness and emphasizes care of the whole person

through the development of an individual's strength rather than addressing weakness (Myers & Sweeney, 2005). Unlike the western medical model approach to health, holistic wellness focuses on the incorporation and integration of physical, mental, emotional, environmental, and spiritual needs in relation to overall health (Britzman & Henkin, 1992; Gross, 1980).

Rather than focusing on the parts that make up the whole person, holistic wellness examines the interaction between an individual and any number of environmental influences in which he or she lives (Walter, 1999). Holistic wellness focuses more on the whole. Viewing the whole as residing along a continuum is helpful, for anywhere along this continuum an individual can improve his or her health (Walter, 1999).

Another illustrative view of the interconnectedness of holistic wellness was developed by Myers, Sweeney, & Witmer (2000). The Wheel of Wellness Model was developed after extensive review of multiple medical and psychosocial disciplines and illustrates the integration of body, mind, and spirit in relation to achieving optimal lifetime wellness (Myers et al., 2000; Myers & Sweeney, 2005). The original model identified five main components including: spirituality, self-regulation, work and leisure, friendship, and love (Myers et al., 2000). Since the development of the original model, and after clinical use and further research, modifications have included renaming the self-regulation component to self-direction and also including 12 sub-categories within that component (Myers et al., 2000; Myers & Sweeney, 2005). While each of these components is a

separate entity, it is through the integration of each of these that optimal wellness is found.

The multi-dimensional approach to wellness allows individuals to become more self-aware and to identify and take responsibility for their own contribution to improving their health and well-being: thus allowing for a more introspective examination of what may be at the root of a particular physical ailment (Gross, 1980; Walter, 1999). For example, instead of only taking an aspirin to relieve a headache the holistic wellness model encourages the examination of potential ecological factors (lack of sleep, dehydration, excessive stress, etc.) which may be contributing to the development of the headache, which may lead to actually treating the cause of the ailment rather than only treating the symptoms. Keeping this multifactorial approach to wellness in mind, one could apply these same principles to weight-loss and this will be discussed in the next section.

Holism and Weight-Loss

The need to develop a successful holistic weight-loss program, unique to each individual, was recognized by Britzman & Henkin (1992). Findings of this early research illustrate the need for health promotion programs that increase self-awareness, promote personal responsibility, allow for individualization, increase the desire for wellness, focus on personal strengths, allow for the assessment of specific needs, and are process rather than outcome focused (Britzman & Henkin, 1992). The authors found that programs such as these

might enable individuals to feel a greater sense of control over their health and potentially influence their well-being (Britzman & Henkin, 1992). More recent findings indicate that this can potentially increase feelings of self-efficacy and improve weight-loss outcomes (Wamsteker et al., 2005).

Holistic weight-loss has also been the focus of more current research. In a review of weight-loss literature dating back to 1960, it was found that investigations primarily examined physical, behavioral, and environmental factors and often overlooked an individual's awareness of self as a factor in lasting weight-loss (Cochrane, 2008). The author cited a recent review of the literature that identified self-perceptions as having a significant influence on ability to succeed in lasting behavior change, and recommended the development of programs that promote self-care, examine the effects of emotions on eating, and further the development of self-worth (Cochrane, 2008).

In an even more recent review of relevant theories and practices needed in the development of a holistic approach to weight-loss, several factors were identified (Brown & Wimpenny, 2011b). These include an awareness of the multifaceted needs of obese individuals, addressing obesity-related health concerns, examining access to social support (friends, family, support groups, etc.), cultural context (school, familial, work, and social influences), assessing emotional well-being, and referral for counseling if needed (Brown & Wimpenny, 2011b). Previous findings by Robison, Putnam, & McKibbin (2007) also identified a need to address quality of life in obese individuals.

Holistic weight-loss ideology has garnered research support. Robison et al. (2007) has found that the use of less traditional means is often a more accurate measure of healthy weight. Such means include unrestricted eating based upon internal bodily signals and individualized food preferences, and also participating in physical activity that is enjoyable and maintainable (Robison et al., 2007). Even in individuals who did not initially lose weight the reduction of maladaptive behaviors often associated with dieting (stress over-eating, food obsession, binging, losing and then regaining weight, etc.) were found to elicit an improvement in the overall physical and psychological health in those who were overweight or obese (Robison et al., 2007). Similar results were found in a study designed to determine the usefulness of a holistic wellness model in encouraging behavior-change in a group of college students (Gieck & Olsen, 2007). The model was intended to encourage the pursuit of health and wellness as a process to be incorporated for a lifetime rather than as a means to an end (healthier eating, weight-loss, etc.; Gieck & Olsen, 2007). Pre and Post-tests and one-month follow-up measurements indicated a significant increase in behaviors related to wellness (greater self-efficacy, increased physical activity, healthier food choices) and noted a significant decrease in body fat for both male and female participants (Gieck & Olsen, 2007). These previous findings indicate that weight-loss may be the result of addressing key issues, such as depression, anxiety, and lack of support, which are often imperceptibly related to food and exercise (Brown & Wimpenny, 2011b).

When utilizing a holistic weight model, success is determined by the individual. Unlike more traditional behavior-change weight-loss models, measures of success are not a “one-size-fits-all” approach but are individualized to address the physical, emotional, and spiritual needs of each user (Robison et al., 2007). This has been found to be vital for long-term success because, as long as there is no awareness of how perceptions about body weight and eating affect eating behavior, no program will ultimately be effective (Vanderlinden, 2008). Additionally, Brown & Wimpenny (2011a) identified that addressing emotional, social, and spiritual needs, in addition to physical needs, will assist individuals in identifying what life factors will positively and negatively impact their weight-loss, and more importantly, their overall health.

It was identified by Brown & Wimpenny (2011b) that many overweight or obese individuals could benefit from a holistic weight-loss program. Such a program may enable them to identify situations that cause them to eat excessively and implement strategies that would be useful specifically to them (Brown & Wimpenny, 2011b). In a paper identifying the need for a more holistic approach to effectively treat eating disorders, Corstorphine (2006) suggests that many individuals who use food to cope with negative emotions were previously taught that emotions were not allowed. Re-education about the invaluable role emotions play in daily life can facilitate the learning of healthier coping behaviors (Corstorphine, 2006). As individuals learn to identify situations or events that trigger unpleasant emotions, recognize the automatic thoughts that accompany

them, and address the underlying belief about the emotional trigger they will potentially reduce their need for the compensatory (eating) behavior (Corstorphine, 2006).

In addition, identifying triggers such as boredom, depression, fatigue, anger, loneliness, thirst, etc., allows individuals to customize their plan to one that suits their life-style, needs, and desires (Brown & Wimpenny, 2011b). Teaching individuals how their emotional relationship with food may affect what, when, why, and how much they eat can assist them in rebuilding their sense of self-worth and self-efficacy (Cochrane, 2008). Allowing them to decide how to best manage their health, and to put their own needs first, can provide them with a greater degree of control over their weight management program (Brown & Wimpenny, 2011b).

While the physical and emotional aspects of holistic weight-loss are more easily identified (eating in response to physical cues, reduced eating in response to stress, etc.) the spiritual aspects may not be as easily recognized. Spirituality can be defined as “the beliefs a person holds related to a subjective sense of existential connectedness including beliefs that reflect relationships with others, acknowledge a higher power, recognize an individual’s place in the world, and lead to spiritual practices” (White, Peters, & Schim, 2011, p. 50). While there is no one agreed-upon definition of spirituality (Coyle, 2002), spiritual practices may enhance feelings of well-being and inner peace, can be both formally and informally practiced, and may improve health (White et al., 2011).

Findings in a study conducted by Popkess-Vawter, Yoder, & Gajewski (2005) identified a link between spirituality (defined by participants as drawing on internal resources that enable them to live healthier lives) and weight management. The authors recognized this as a major component of self-help organizations such as Overeater's and Alcoholics Anonymous (Popkess-Vawter et al., 2005). Quantitative and qualitative data were gathered to measure self-esteem and quality of life, and it was found that spirituality can improve health outcomes (Popkess-Vawter et al., 2005). Further findings indicate that individuals with inner feelings of comfort, spirituality, and peace were less likely to turn to external sources, such as food, for comfort (Popkess-Vawter et al., 2005).

Approaching weight-loss in this manner requires that healthcare weight-loss initiatives address not only the physical aspects of body weight but the underlying conditions that may negatively affect quality of life, and have an even greater impact on health (Robison et al., 2007). Research supports these practices and results indicate that many of the chronic health conditions associated with being overweight or obese (hypertension, elevated cholesterol, and blood glucose) can be improved by practicing the above-mentioned methods of addressing the whole person rather than just the excess weight (Robison et al., 2007). A holistic model has the potential to be more effective than the more narrowly-focused 'eat less and move more' approach that has been prescribed for many years (Brown & Wimpenny, 2011b). Brown & Wimpenny (2011a) compare this approach to a spider's web of interconnected elements that can

affect weight-loss outcomes. Nevertheless, most weight-loss interventions are focused on changing individual diet and exercise behaviors, such as adopting healthier eating and physical activity habits, and are frequently constructed utilizing established behavior-change models and theories. A brief discussion of three popular models will be the focus of the next section, followed by behavior modification and popular weight-loss methods.

Behavior Change and Weight-Loss

Behavior-Change Models

Health promotion models allow for the assessment, and a better understanding, of variables related to individuals and implementing behavior change (National Cancer Institute, U.S. Department of Health and Human Services, National Institutes of Health, 2005). These models have been developed from multiple disciplines, including Psychology and Sociology, and are helpful in allowing educators to develop better behavior-change interventions directed at specific populations (National Cancer Institute et al., 2005). While many behavior-change models exist, three stand out, due to their frequent use in behavior-change, relating to weight loss. These include The Theory of Planned Behavior, The Transtheoretical Model, and the Social Cognitive Theory. Each of these theories/models will now be briefly described before moving on to behavior modification.

The Theory of Planned Behavior. Having emerged from the Theory of Reasoned Action (Ajzen, 2002), the Theory of Planned Behavior (TPB) model focuses on the individual and his or her outlook (feelings) regarding the behavior in question (National Cancer Institute et al., 2005; Palmeira et al., 2007). Focuses of TPB include: the probability of the individual executing the behavior (behavior intention), the individual's feelings regarding the behavior (attitude), the influence of the behavior on others who are important to the individual (subjective norm), and the belief in ability to perform the behavior in question (perceived behavioral control (Ajzen, Joyce, Sheikh, & Cote, 2011; National Cancer Institute et al., 2005).

According to Ajzen et al. (2011) a key component of the TPB is identifying what an individual knows about a behavior and identifying how this can affect their intent to engage in the behavior intervention. Once this is known, interventions which either question beliefs (if inaccurate) or enhance beliefs (if accurate) can be implemented accordingly (Ajzen et al., 2011).

The Transtheoretical Model. Developed by James Prochaska, the Transtheoretical Model (TTM), also known as the Stages of Change Model, has been shown to be useful in managing an extensive array of behavior-change including diet and exercise, weight management, reproductive health, drug and alcohol use and abuse, stress management, and a plethora of other behaviors (Palmeira et al., 2007; Prochaska, Wright, & Velicer, 2008). The TTM focuses on how an individual perceives a potential threat to his or her own health to then

determine if action to avoid the threat is warranted (National Cancer Institute et al., 2005).

The TTM views changing behavior, not as a single event, but as a process of steps, and has identified five stages in which an individual moves through when attempting to change a behavior (National Cancer Institute et al., 2005; Palmeira et al., 2007). Stages include: precontemplation, contemplation, preparation, action, and maintenance (National Cancer Institute et al., 2005). Research indicates that other measures used within the TTM: processes of change (experiences and behaviors), decisional balance (pros vs. cons), and self-efficacy (confidence in one's ability), have relationships which correspond with the five stages (Krummel, Semmens, Boury, Gordon, & Larkin, 2004; Prochaska et al., 2008).

Social Cognitive Theory. Several models focusing on the interaction between an individual and his or her social setting (Interpersonal) exist, however the Social Cognitive Theory (SCT) is one of the most popular and solidly designed models (National Cancer Institute et al., 2005). SCT is thought to be the most popular model in developing programs for weight-loss and physical activity (Palmeira et al., 2007).

Having evolved from Social Learning Theory, SCT focuses on factors of self-efficacy, objectives, and outcomes (National Cancer Institute et al., 2005). According to Teixeira, Patrick, & Mata (2011), the acquisition and use of skills of self-regulation such as controlling thoughts, impulse control, and emotions,

facilitates behavior change. Key components of SCT include reciprocal determinism (relating the individual, behavior, and environment), behavioral capability (ability to implement the behavior), expectations (expected goals), and self-efficacy (intrinsic belief in ability to change the behavior; National Cancer Institute et al., 2005). Additional components include observational learning (acquiring a behavior through seeing the actions and results of others performing the behavior), and reinforcements (the intrinsic and extrinsic responses to the behavior that will thus influence whether or not the behavior continues; National Cancer Institute et al., 2005).

Behavior Modification

While several behavior-change models exist, the desire to lose weight is highly individualized and based on any number of intrinsically and/or extrinsically driven factors (Putterman & Linden, 2004; Satia, Kristal, Curry, & Trudeau, 2001). Three main motivation categories have been identified and include: health, appearance, and mood (O'Brien et al., 2007; Reas, Masheb, & Grilo, 2004; Schelling, Munsch, Meyer, & Margraf, 2011).

However, regardless of the motive to lose weight, there are many weight-loss options to choose from, and often include one or more of the following components: increased physical activity and exercise, limiting fats and sugar, increased consumption of fruits and vegetables, and/or reduced overall calorie intake (Jeffery et al., 2000; Kayman, Bruvold, & Stern, 1990; Popkess-Vawter, 1993). While countless diet and weight loss options exist, the following five

popular choices will be briefly introduced: self-help lay-publications, commercial diets, fad diets, pharmacotherapy, and bariatric surgery.

Self-Help Publications. There is a vast amount of self-help weight-loss literature available. These publications, usually presented in ways that are visually understandable, encouraging and innovative (Holt, Kreuter, Clark, & Scharff, 2001), can make them appealing to many, including individuals wanting to lose weight. Components of self-help publications for weight-loss usually include workbooks (food records, calorie/fat/carbohydrate intake journals, physical activity records, etc.), and may include, or recommend the use of, audio recordings, computer programs, or electronic devices, such as a pedometer (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002). These materials and instruments are designed to help teach individuals how to set and visualize personal goals, attempt to increase feelings of self-efficacy in users by encouraging them to take steps towards achieving their goals, and to identify non-food rewards for reaching those goals (Barlow et al., 2002; Jerant et al. 2005).

Commercial Diets. Instead of following a self-help weight-loss plan, many individuals may elect to participate in a commercial weight-loss program. While Weight Watchers and Jenny Craig are the most popular programs (Tsai & Wadden, 2005) there are many options to choose from (LeCheminant et al., 2007). Other commercial diet options include very-low-calorie (VLC), medically

supervised diets, such as Optifast, Health Management Resources (HMR) and Medifast (Anderson, Grant, Gotthelf, & Stifler, 2007; Tsai & Wadden, 2005).

Fad Diets. Fad diets often promise rapid and effortless weight-loss (Daniels, 2004; Saltzman, Thomason, & Roberts, 2001) and many have become quite popular. Popular fad diets include: carbohydrate restricting diets, such as the Atkins Diet, the Zone Diet, the South Beach Diet, and very-low-fat (VLF) diets such as the Ornish and Pritikin diets (Dansinger, Gleason, Griffith, Selker, & Schaefer, 2005; LeCheminant et al., 2007; Saltzman et al., 2001).

Pharmacotherapy. Another popular option for those trying to lose weight is weight-loss medication. Currently, the Federal Food and Drug Administration (FDA) has approved the following weight loss medications: Orlistat, Lorcaserin, and Qsymia (Steffen & Kolotkin, 2012). While not forms of behavioral modification in and of themselves, these medications may be prescribed in conjunction with recommended dietary changes and other behavior modification tools, to improve weight-loss and weight maintenance outcomes (Steffen & Kolotkin, 2012).

Bariatric Surgery. Despite the previously described options available to those wanting to lose weight, some obese individuals who have been unable to succeed at weight-loss, may seek a surgical solution. Once thought of as a last resort for severely obese individuals, bariatric surgery is becoming increasingly popular, not only for adults, but adolescents as well (Glatt & Sorenson, 2011). In the United States, most of these surgeries are done using a laparoscopic

procedure, and some are restrictive in nature. For example, adjustable gastric banding, or sleeve gastrectomy, are restrictive, while other procedures are a combination of restrictive and malabsorptive such as the Roux-en Y gastric bypass (Glatt & Sorenson, 2011).

Regardless of the method selected, the anticipated outcome is the reduction of caloric intake to initiate the processing of stored fat for energy through various behavior modification methods (Popkess-Vawter, 1993) which will then result in weight-loss. Unfortunately, those trying to lose weight are not always successful, and while there is no clear indicator as to why (Jeffery et al., 2000), several predictors of greater weight-loss and weight maintenance success have been identified and will be discussed in the following section.

Weight-Loss Predictors

In an attempt to lessen the growing epidemic of overweight and obesity, researchers have attempted to identify factors positively associated with greater weight-loss, and weight maintenance success. While numerous predictors have been studied with varying degrees of validity, some are frequently associated with greater success. These include, fewer prior attempts at weight-loss, a more realistic goal weight, participation in regular physical activity and exercise, program personalization, and eating flexibility (Hindle & Carpenter, 2011; Teixeira et al., 2004). Other frequently cited predictors include: eating breakfast, self-monitoring of food intake (calories and portion control), monitoring physical activity, process rather than outcome-focus, social support, reduced emotional

and disinhibited eating, and increased self-efficacy (Burke, Wang, & Sevick, 2011; Elfhag & Rössner, 2005; Freund & Hennecke, 2012; Karhunen et al., 2012; Roach et al., 2003; Teixeira et al., 2004). In addition, mindfulness practices (present moment attention), while not a specific predictor of weight-loss success, have been found to be helpful in controlling food intake (Robinson et al., 2013).

While an in-depth review of all identified predictors is beyond the scope of this paper, several predictors are appropriate in the development of a holistic self-help guide. These include the following: program personalization and eating flexibility, process focus, self-monitoring, physical activity and exercise, social support, reduced emotional and disinhibited eating, increased self-efficacy, and the practice of mindfulness. Each of these will now be examined.

Program Personalization and Eating Flexibility. According to researchers, one predictor of weight-loss success is the use of a program that can be individualized based upon personal need. In a study examining a group of middle-aged individuals who had lost and maintained at least 10% of their body weight for one year or longer, findings indicated that a crucial component for success was a shift in the perception of how weight-loss and maintenance was approached by participants (Hindle & Carpenter, 2011). Those who were able to personalize their program to allow for life-long change, less dietary rigidity (based on the foods they enjoyed), and not excluding foods from their eating plan, were more successful than those who were not able to personalize their program (Hindle & Carpenter, 2011). When asked about their prior, less successful,

weight-loss attempts, participants reported factors such as: an unrealistic weight-loss goal, a weight-loss method that was too strict, or no clear and personalized reason for losing weight (Hindle & Carpenter, 2011).

The importance of flexibility in relation to eating was further identified by Meule, Westenhöfer, & Kübler (2011) in an online survey examining both rigid and flexible dietary strategies for weight-loss. Findings indicated those who were inflexible regarding food intake were more prone to fail at long-term weight-loss maintenance, and suffered food cravings (Meule et al., 2011). Those who approached eating in a more flexible manner such as eating slower, eating smaller portions, and not restricting types of food eaten, were less likely to be affected by cravings for restricted foods (Meule et al., 2011). They were also better able to control their food intake, and were more likely to maintain weight-loss over time (Meule et al., 2011).

Process Focus. Focusing on the process of losing weight has also been found to be a predictor of increased weightloss and weight maintenance success. Freund & Hennecke (2012) found that participants in a six-week diet program, who focused on the process of weight-loss (changing eating behaviors, increasing physical activity and exercise, etc.), were more likely to follow the prescribed diet and lost more weight than those who were focused on the outcome (goal) of achieving a lower body weight. It was discovered that process focus was linked to not only the pleasure of having obtained the goal but also a sense of accomplishment and self-efficacy (Freund & Hennecke, 2012). Further

results also revealed that outcome-focused individuals, who are often fixating on an outcome that is far in the future, were more likely to have episodes of disinhibited eating after diet slips than process-focused individuals; most likely due to a feeling of failure and movement even further away from the future goal (Freund & Hennecke, 2012).

Process-focus has also been identified as an important component of wellness models that address the needs of individuals socially, physically, and emotionally and may enable them to achieve more effective health behavior changes (Gieck & Olsen, 2007). The authors did not diminish the importance of setting short and long-term goals, but addressed the importance of focusing on the process of changing a particular behavior (Gieck & Olsen, 2007). This was found to be especially important for those who had been unable to attain previously set goals, or found previous attempts at the behavior change to be unpleasant thus subsequently stopped trying to change their behavior (Gieck & Olsen, 2007).

Self-Monitoring. Self-monitoring, through the use of various paper or electronic methods, has been described as the “centerpiece of behavioral weight-loss intervention programs” (Burke et al., 2011, p. 92), and has been the focus of much research regarding weight-loss and maintenance. In a review of literature examining self-monitoring studies, from 1989 to 2009, Burke et al. (2011) identified a positive correlation between regular self-monitoring (body-weight and physical activity) and long-lasting weight-loss, in addition to an increase in

exercise frequency. However, the recommended frequency of self-monitoring was not determined (Burke et al., 2011). A review of the literature conducted by Elfhag & Rössner (2005) supports these findings. The authors surmised that individuals who monitored their weight (regularly and frequently) and routinely recorded food intake were more successful at weight loss and maintenance (Elfhag & Rössner, 2005). An earlier review of data gathered from the National Weight Control Registry (NWCR), found that almost 45 percent of NWCR members reported weighing-in one or more times per day, and approximately one-third reported weighing-in weekly (Wing & Phelan, 2005). Wing & Phelan (2005) also found that individuals who continued to restrict food (types, amount, calorie monitoring), as they did when initially losing weight, were more successful at maintaining weight-loss.

In addition, a later study conducted by Burke, Swigart, Turk, Derro, & Ewing (2009) found that individuals who consistently measured their weight, physical activity, food intake, etc., as a technique to become or remain aware of behavior, had the greatest amount of weight-loss, as compared to those who were not consistent. It was also determined that those who stayed consistent in their self-monitoring after the diet ended had greater weight maintenance success (Burke et al., 2009). In two recent investigations of what makes weight maintainers successful, Chambers & Swanson (2012) and Reyes et al. (2012) found that, in addition to frequently weighing-in and monitoring physical activity, individuals who used clothing-fit as an indicator of weight-loss or gain, were

reported to be more successful at weight-loss and maintenance than those who did not.

Physical Activity and Exercise. The role that physical activity and exercise plays in weight-loss and maintenance has been the focus of much research (Elfhag & Rössner, 2005). In an examination of the literature aimed at identifying successful diet and exercise interventions for those at risk of developing Type II Diabetes, Greaves et al. (2011) found weight-loss programs that included an exercise and physical activity component often allowed for improved weight-loss outcomes (Greaves et al., 2011). Unfortunately, according to Sudderth (2011), this is often the most difficult routine for dieters to embrace, and if a decrease in exercise and physical activity does occur, there is a great chance of regaining previously lost weight (Wang et al., 2008).

Not only can physical activity and exercise result in increased weight-loss from the expenditure of additional calories; it can increase fitness levels, leading to more physical activity, and can also enhance emotional well-being (Elfhag & Rössner, 2005). In an examination of weight-loss success, Hindle & Carpenter (2011) found that individuals who were successful at losing and maintaining weight-loss believed that being physically active was vital to their success. They also reported the importance of finding activities they enjoyed that also fit within the day-to-day aspects of their lives (Hindle & Carpenter, 2011). A review conducted by Wing & Phelan (2005) found that National Weight Control Registry (NWCR) members, both male and female, reported approximately one hour per

day of moderately-paced physical activity such as walking, other aerobic activities, or lifting weights. However, Avenell et al. (2004) identified that, in conjunction with a weight-loss intervention, exercising for as little as 20 minutes, three times per week, may result in greater weight-loss results.

A study recently conducted by Chambers & Swanson (2012) identified that those who were successful at maintaining their weight-loss, both short and long-term, were vigilant about finding time to participate in exercise or physical activity and also reported their enjoyment of being active. This sense of pleasure was seen more often in males than females who often confided their lifelong aversion to physical activity and exercise (Chambers & Swanson, 2012).

Social Support. The role of social support for weight-loss and weight maintenance has been studied extensively and has been identified by Kiernan et al. (2012) to be instrumental in weight-loss. Additionally, as previously identified by Laitinen, Ek, & Sovio (2002), social support may be an instrumental influence in reducing stress and potential weight-gain, leading to obesity. Unfortunately, social support tends to diminish over time, as dieters moved into the weight-maintenance phase (Hindle & Carpenter, 2011).

The results of two literature reviews, examining the effects of social support on weight-loss and maintenance, indicated that involving family, friends, and other support partners increased the effectiveness of both (Greaves et al., 2011 and McLean, Griffin, Toney, & Hardeman 2003). Including social support was found to be beneficial in establishing lasting behavior change in all settings

and modes of dietary intervention delivery (Greaves et al., 2011), especially when the support partner was involved in the weight-loss intervention and lost weight as well (Gorin et al., 2005). However, McLean et al. (2003) found adolescents tended to be more successful if the mother was less actively involved in the weight-loss treatment. This may be due to the desire for autonomy which was found by Teixeira, Going, Sardinha, & Lohman (2005) to be more indicative of successful weight-loss.

In a review of the literature, conducted by Elfhag & Rössner (2005) authors investigated the most common predictors of weight-maintenance success. In addition to other behavioral and psychological predictors, support from friends, family, social groups, and other sources was found to be positively associated with successful weight-loss and maintenance (Elfhag & Rössner, 2005). However, spousal support was less predictive of success (Elfhag & Rössner, 2005). One year prior to the previously mentioned review, Teixeira et al. (2004) attempting to identify predictors of weight-control success, including social support, recruited participants into a sixteen-week weight-loss intervention program. Results of the study indicated that approximately 60% of participants completed the program and reported greater social support than those who dropped out prior to completion (Teixeira et al., 2004).

Reduced Emotional and Disinhibited Eating. Examining the role of emotional and disinhibited eating, as it relates to predictive behavior, has also been the focus of weight-loss and weight maintenance research. A study

investigating participants enrolled in a nine-week very-low-calorie diet program, identified that dieting-related behavioral components were not as closely associated with successful weight maintenance as were psychobehavioral components ((Karhunen et al., 2012). These behaviors included a continued ability to restrain from previous eating behaviors, ability to control amount of food eaten when hungry, and fewer episodes of binge eating, disinhibited eating, eating when not hungry, and eating in response to stressful situations (Karhunen et al., 2012). The authors surmised that lasting weight-loss may be more realistic if approached in this manner (Karhunen et al., 2012).

An earlier study, conducted by Geliebter & Aversa (2003), examined how emotional situations, both positive and negative, affected the eating behavior of individuals who were underweight, normal weight, and obese. The authors hypothesized that overweight individuals would overeat in both situations, while individuals who were underweight, or normal weight, would eat less in the same situations (Geliebter & Aversa, 2003). Results concluded that obese individuals tended to only overeat when faced with situations they perceived as being negative (Geliebter & Aversa, 2003). Interestingly, the authors found that underweight individuals ate more than those who were overweight or normal weight in an emotional situation perceived as positive (Geliebter & Aversa, 2003).

A review of the literature conducted by Elfhag & Rössner (2005) and a meta-analysis by Wing & Phelan (2005) substantiates the previous mentioned findings. Elfhag & Rössner (2005) identified a decrease in restrained eating, an

increase in disinhibited eating, and using food to cope with stressful situations and negative emotions to be associated with weight regain. Wing & Phelan (2005) examined data gathered on weight-loss maintenance, and data gathered from the National Weight Control Registry (NWCR), and found individuals who were able to regulate frequency of disinhibited eating were more likely to maintain low weight. In addition, a previous study conducted by Laitinen et al., (2002) also found that those who were motivated to eat when facing a stressful or emotional situation were more prone to obesity than those who were not (Laitinen et al., 2002).

Increased Self-Efficacy. What an individual believes about his or her ability to successfully execute a behavior change, even in difficult situations, can affect outcomes. A primary component of Albert Bandura's Social Cognitive Theory, self-efficacy has been the focus of health-related behavior-change research, including weight-loss (Roach et al., 2003; Shin et al., 2011). In a study designed to examine the self-efficacy-increasing effects of a twelve-week weight-loss program, Roach et al. (2003) found that, in the diet group, self-efficacy was directly correlated with improved eating behavior and greater weight-loss than was observed in the control group.

More recent research reinforces these findings. Wamsteker et al. (2005) found that individuals participating in an eight-week low-calorie diet program lost more weight when they believed their weight was within their control, was not due to genetics or other physical causes, and held a greater confidence in their

ability to lose weight than participants who did not hold these beliefs. Shin et al. (2011) also examined the link between self-efficacy and weight-maintenance in postmenopausal women, participating in a six-month program for weight-loss. It was determined that those who experienced a higher degree of self-efficacy were more likely to lose weight and maintain weight-loss at six-month follow-up (Shin et al., 2011). This was observed in participants with a high level of self-efficacy at the beginning of the program, as well as those who showed improvements in self-efficacy while participating in the program (Shin et al., 2011). Findings of a focus-group study also identified a greater belief in one's ability to lose and maintain weight as a common factor in weight-loss success and maintenance (Reyes et al., 2012).

Practicing Mindfulness. Mindfulness can be defined as "a way of paying attention that is taught through the practice of meditation or other exercises, in which participants learn to regulate their attention by focusing nonjudgmentally on stimuli such as thoughts, emotions, and physical sensations" and is believed to increase feelings of self-acceptance (Baer, Fischer, & Huss, 2005, p. 282). The resulting outcome of mindfulness practices has been found to be beneficial in allowing individuals to be less emotionally reactive and more easily adjustable to negative situations (Baer et al., 2005).

In a literature review examining the usefulness of mindfulness training, in interventions designed to reduce many health ailments, including eating disorders, investigators found such practices can support the implementation of

better coping skills (Baer, 2003). Mindfulness practices were also shown to reduce binge eating by helping individuals better recognize cues to start, or stop eating, and to work through the desire to binge without actually doing so (Baer, 2003). In a more recent study, researchers, attempting to ascertain if evidence to support the development of program interventions to address eating mindfully or attentively existed, examined studies that 1) measured the effects of distracted eating on immediate and later food intake, and 2) measured the effects of decreased awareness of food being eaten on immediate and later food intake, along with the effects of attention on the amount of food eaten (Robinson et al., 2013). Overall findings support that eating mindfully, or attentively, is an important factor in reducing the amount of food eaten while eating, is especially important on later food intake, and could actually replace the need for the self-monitoring of caloric intake (Robinson et al., 2013).

Unfortunately, despite the many weight loss options available and all that is known about predictors of weight loss success and failure, the outcome for most dieters remains bleak. The efficacy of the previously identified weight loss options will now be discussed.

Diet Efficacy

Self-Help Approach

Unfortunately, data examining the efficacy of self-help weight-loss programs is not easily found. According to Tsai & Wadden (2005), this lack of scientific evidence may be due to the cost of undertaking an extensive investigation of programs that often have limited resources. The use of

a self-help approach has been identified as being helpful in treating many chronic health conditions (Jerant et al., 2005), and may be beneficial to those who want to lose weight. Jerant et al. (2005) identified that self-management health programs which allowed individuals to set and visualize personal goals, revise goals as needed, and take small steps towards achieving their goals, increased feelings of self-efficacy. While this study did not include obesity-related programs, results indicated that patients who may not have access to many health care resources, due to physical limitations, lack of transportation, lack of healthcare coverage, or cannot afford the cost of programs could potentially benefit from a home-based self-care management program (Jerant et al., 2005).

Unfortunately, a two-year randomized control study conducted by Heshka et al. (2000) did not support the efficacy of a self-help option. Overweight and obese men and women were assigned to either a self-help weight-loss group or a Weight Watchers program group (Heshka et al., 2000). The self-help group was provided with an array of self-help resources and two sessions with a nutritionist; the Weight Watchers group participants were provided with vouchers to attend meetings on days and times of their choosing (Heshka et al., 2000). At twenty-six week follow-up, approximately half of the Weight Watchers group lost at least five percent of their body weight compared to a five-percent weight-loss in only 15% of the self-help group (Heshka et al., 2003). The study further clarified that the positive, health-related changes to blood pressure, cholesterol,

glucose, and insulin levels seen at 26 weeks were no longer significant in either group at the conclusion of the study (Heshka et al., 2003).

Commercial Diets. In an examination of the most popular commercial weight-loss diets, LeCheminant et al. (2007) found they are useful for short-term weight-loss but longer-term weight-maintenance was not typically seen. A systematic review of the literature, by Tsai & Wadden (2005), found that, after accounting for an approximate 70% attrition rate, long-term weight-loss of Weight Watchers members was approximately five percent at three to six months. A high rate of attrition was also observed by Dansinger, Gleason, Griffith, Selker, & Schaefer (2005) in a comparison of popular commercial diets and the reduction in the risk of heart disease. Approximately 35% of Weight Watchers participants quit before completing the program and, for individuals who did lose weight, few were able to maintain this loss over time (Dansinger et al., 2005).

Findings by Tsai & Wadden (2005) suggest that individuals following very-low-calorie (VLC), medically-supervised, diets may potentially lose up to 15 to 25% of their initial weight, and maintain eight to nine percent of that weight-loss at one year follow-up (Tsai & Wadden, 2005). However, it was noted that the attrition rate was approximately 56% (Tsai & Wadden, 2005). In addition, information regarding the safety and efficacy of these commercial programs is scarce (Tsai & Wadden, 2005). Not monitored by the U.S. Food and Drug Administration, commercial weight-loss programs have no legal obligation to provide data on their safety or effectiveness, however, the Federal Trade

Commission can investigate reports of deceptive or false claims (Tsai & Wadden, 2005). Findings by Anderson et al. (2007) reported a large percentage of dieters suffering from unpleasant side effects such as dizziness, constipation, nausea, abdominal pain, diarrhea, and headache, while following VLC diets. In addition, VLC diets can be quite costly and are usually not covered by health insurance plans (Anderson et al., 2007).

Fad Diets. In an examination of popular fad diets, researchers found them to be effective for short-term weight-loss, due to the negative energy balance produced by the diet (Jonas, 2003; LeCheminant et al., 2007). However, as soon as normal eating resumes, lost weight will most likely return (Daniels, 2004). Fad diets were also determined to be ineffective for long-term weight-maintenance LeCheminant et al. (2007), and investigators found the attrition rate to be quite high (Dansinger et al., 2005). Jonas (2003) found that, even though there is no indication these diets will promise lasting weight-loss success, dieters will often embrace fad diet rules that may be nutritionally deficient, are unhealthy, and frequently do not make sense.

Long-term use was not recommended due to potential negative health effects (LeCheminant et al., 2007). These may include kidney damage, kidney stones, gout, malnutrition, and an increase in cholesterol which can lead to heart disease, stroke and diabetes (Daniels, 2004). Fad diets were also found to result in weight-cycling (repeatedly losing and regaining weight) in individuals (Jonas, 2003).

Pharmacotherapy. The effectiveness of prescription weight-loss medications has been the focus of many researchers. Findings indicate, when compared to other weight-loss methods, the medications Orlistat, Qsymia, and Lorcaserin may be somewhat effective in increasing the amount of initial weight-loss (Avenell et al., 2004; Bello & Liang, 2011; Franz et al., 2007; Steffen & Kolotkin, 2012). However, weight regain was frequently observed (Avenell et al., 2004; Bello & Liang, 2011), and in one study, exceeded the initial weight lost during treatment (Avenell et al., 2004). Attrition rate was also found to be quite high (Bello & Liang, 2011). It was noted, in this research, that even a modest decrease in body weight has the potential to decrease an individual's risk of developing chronic health problems associated with being overweight or obese (Franz et al., 2007).

Despite their modest efficacy, weight-loss medications can pose significant threats to health (Bello & Liang, 2011). All weight-loss medications are associated with side effects, ranging from headache and dry mouth to fecal incontinence, which may potentially offset any potential benefits (Avenell et al., 2004; Bello & Liang, 2011; Steffen & Kolotkin, 2012).

Bariatric Surgery. Bariatric surgery has been shown to be effective in enabling patients to lose a significant amount of weight, retain weight-loss over time, and reduce or eliminate some of the comorbidities associated with obesity (Glatt & Sorenson, 2011; Kofman, Lent, & Swencionis, 2010; Pataky, Carrard, & Golay, 2011). A recent review of the literature indicates that those who are

morbidly obese may reduce their risk of death by as much as 89% after surgery (Glatt & Sorenson, 2011). It was found by Pataky et al. (2011) that individuals were able to maintain approximately 20 to 25% of their initial weight lost after 10 years. However, the procedure is not without physical and emotional risk.

Aside from the risks associated with any surgical procedure, bariatric surgery patients may suffer higher rates of psychological issues and eating disorders that may not improve after surgery, or may even develop after surgery. Pataky et al. (2011) found that bariatric patients may have a higher prevalence of anxiety, stress, disorders affecting mood, low self-efficacy, are more prone to binge eating, and concerns regarding body shape and weight. They may even develop new eating disorders such as binging, continuous eating (grazing), and feelings of losing control over eating post-surgery (Pataky et al., 2011). Patients may learn to eat around their procedure (frequent eating, eating high fat foods, etc.) and these behaviors can have a significant impact on overall weight-loss success (Kofman et al., 2010).

Bariatric surgery patients are advised to adhere to life-long diet and exercise guidelines, in order to avoid complications, and to successfully lose and maintain their weight loss (Glatt & Sorenson, 2011; Pataky et al., 2011; Sudderth, 2011). Sudderth (2011) found that, unfortunately, very few patients follow the prescribed guidelines and often regain a significant amount of their initial weight lost, suffer from malnutrition, and are often re-hospitalized.

Despite the vast array of weight-loss treatment options available, findings clearly illustrate they are largely ineffective and weight re-gain is common (Garner & Wooley, 1991; Jeffery et al., 2000; Kraschnewski et al., 2010). This lack of lasting success can negatively affect individuals, both physically and emotionally (Garner & Wooley, 1991). For these individuals, an alternative weight-loss model is needed (Puterbaugh, 2009). Based upon these findings, dieters may benefit from an integrated, holistic, self-care model that effectively combines many of the previously identified weight-loss predictors with the principles of holism, thus providing a more comprehensive and innovative, yet gentle and intuitive, approach to dieting. This integrated model may provide, for many, a greater degree of weight-loss and weight-maintenance success. The need for a holistic self-care model and how these two models may be integrated into a holistic, self-care model will be the focus of the next section.

Holistic, Self-Care Weight-Loss Model

The Need for a Holistic, Self-Care Model

For decades, healthcare providers, many of whom have prejudices against those who are overweight or obese (Garner & Wooley, 1991), have equated obesity with patients being lazy, having poor self-control, eating too much, not exercising enough, and not having enough willpower (Sudderth, 2011). They frequently advise their overweight and obese patients to just eat less and exercise more (Sudderth, 2011); This is a common model created and utilized by

healthcare professions for the last one hundred years (Puterbaugh, 2009). This advice is often difficult to follow, given that food is readily available; and many individuals find getting even the minimum recommended 30 minutes of daily exercise to be problematic (Sudderth, 2011).

In addition, negative societal messages regarding obesity or being overweight, and the often-associated stigmatization that accompanies it, makes it even more difficult for many to lose and/or maintain weight-loss (Greener, Douglas, & Van Teijlingen, 2010). According to Robison et al. (2007), the discriminatory practice of “weightism” is most likely the only wide-spread, acceptable form of bigotry, and is often viewed as being helpful (p. 186).

When asked how they feel about their body weight or shape, many people will describe how they are unhappy with, or even hate, their body (Robison et al., 2007). Individuals can become obsessed with becoming, and staying, thin (Garner & Wooley, 1991). This obsession is frequently fueled by the widespread cultural ideal of thinness being linked to beauty, health and happiness (Robison et al., 2007). Individuals, who may have tried repeatedly to lose weight, may become discouraged in their ability to do so and this may significantly influence future weight-loss attempts and outcomes (Brown & Wimpenny, 2011b). They may view themselves as failures, and many become caught up in a vicious cycle of dieting, losing weight, and then regaining the weight they initially lost, and sometimes more (Greener et al., 2010). They may take a break from dieting, and

then find another diet, with the hope that the next diet will be different (Greener et al., 2010).

Known as weight-cycling, or yo-yo dieting, this pattern of behavior has been long recognized as having serious consequences to physical, psychological, and financial well-being, especially in women (Popkess-Vawter, 1993) and has more recently been identified as a predictor of weight-regain (Elfhag & Rössner, 2005). A more recent study conducted by Amigo & Fernández (2007) examined the relationship between reduced-calorie diets and yo-yo dieting, and found that those who lost weight, and then regained weight, had more difficulty losing weight when attempting to diet again. It was noted in this study that those who are overweight or obese, and already at an increased risk of heart disease and early death, would most likely be the population encouraged to diet and subsequently yo-yo diet which may further increase their risk of heart disease and early mortality (Amigo & Fernández, 2007).

Popkess-Vawter (1993) observed that chronic dieters may feel deprived, have low self-esteem, suffer from dichotomous thinking, and resort to over-eating when coping with stressful situations, or when high expectations of self are not met. Often already suffering from feelings of low self-efficacy and engaging in behaviors such as caring for others at the expense of themselves, attempting to please others, and lacking effective coping skills, many individual's repeated and ultimately unsuccessful attempts to lose weight, further convinces them they are somehow flawed (Cochrane, 2008).This can eventually erode a person's feelings

of self-worth and perpetuate eating compulsively in a misguided attempt at self-care (Cochrane, 2008).

Garner & Wooley (1991) found that chronic dieters often see themselves as inferior, have a difficult time identifying physical hunger signs, and focus their attention on body weight while avoiding confronting other problems in their lives. This compulsion to smother feelings with substances was the focus of a study examining the motivation of individuals to use drugs. Wiklund (2008) found that individuals may turn to a substance to ease anxiety, painful feelings, or to eliminate deep suffering. However, since this is ineffective as a viable solution to the problem, and can even exacerbate the problem, a vicious cycle of suffering, relieving suffering, feeling guilty, relieving suffering, feeling guilty, relieving suffering, etc., is created (Wiklund, 2008). When looking at individuals who are overweight or obese in this context, attempting to address non-weight-related issues by focusing on weight-loss, will most likely result in failure, and may negatively affect their physical, emotional, psychological health (Robison et al., 2007).

Early findings by Popkess-Vawter (1993) established that weight-regain may even be initiated by a rebellious response to the calorie restriction of many diets, or negative feelings directed at one's own self. Additional, more recent, findings by Elfhag & Rössner (2005) identified all or nothing thinking, binge eating, eating as a result of a stressful event, emotional upsets, lack of support,

reduced self-efficacy, and an inability to cope with a given situation, as behaviors and thoughts to be associated with weight-regain.

It was previously shown, by Garner & Wooley (1991), that of the individuals who do manage to achieve weight-loss, many often develop characteristics associated with eating disorders, such as, binge eating, lowered energy requirements, depression, inability to concentrate, and preoccupation with food and eating. A more recent study, evaluating participant's perceptions about their weight-loss after losing at least 10% of their body weight, found that nearly 90% of them were still attempting to lose more weight (Gorin et al., 2007). Participants were enrolled in a program designed to prevent weight-regain and it was found that, despite their high expectations of how life would improve after weight-loss, most were disappointed (Gorin et al., 2007). Even though participants were able to maintain at least a portion of their initial weight-loss, improvements in physical and psychological health, physical agility, and relationships with individuals of the opposite sex, including a spouse, were not as great as expected (Gorin et al., 2007).

Obesity has reached epidemic proportions, and there is ample evidence suggestive of this trend continuing. Traditionally, weight-loss success has been based upon the premise that, in order to be healthy, overweight or obese individuals must lose weight (Robison et al., 2007), but in order to improve outcomes, Elfhag & Rössner (2005) recommend that interventions be individualized and not a one-size-fits-all approach. The time has come for obese

individuals to be offered a holistic, self-help model for weight-loss that may potentially improve their overall physical and emotional health, as well as their quality of life (Sudderth, 2011). The efficacy of a holistic, self-care model, and its relevance to weight-loss, will be the focus of the next section.

The Holistic Self-Care Model

Many factors influence whether someone loses and then maintains weight-loss, and effective treatments may require addressing the physical, psychological, and social factors that are intertwined within eating behaviors (Brown & Wimpenny, 2011a, 2011b). Researchers have found that programs which allow individuals to take physical, emotional, and psychological control of their chronic illnesses, self-care behavior, and improve their skills in managing health, have been shown to be beneficial in increasing knowledge, self-care behaviors, and self-efficacy (Barlow et al., 2002). It has also been found that those who actively participate in visualizing, designing, evaluating, and redesigning their own health-management programs have better health outcomes than those who do not (Jerant et al., 2005). The use of a holistic wellness model has shown to be beneficial in developing programs that focus on addressing the physical, emotional, and social aspects of health-change behaviors (Gieck & Olsen, 2007). The use of an ecological approach to wellness is beneficial, especially to women, in the achievement of optimal health in many realms including physical, emotional, social, environmental, and spiritual (Choate, 2005).

The Holistic, Self-Care Model, having evolved over time from Orem's Self-Care Theory, provides a comprehensive framework to address the physical, psychological and biological processes of weight-loss and maintenance, that are often lacking in traditional weight-loss programs (Popkess-Vawter, 1993). The integration of previously identified, theoretical models (predictors) of successful weight-loss into this model, allows for greater individual observation and implementation of problem-solving behaviors, found by Puterbaugh (2009) to be necessary for lasting weight-loss, and provides the foundation for the proposed Holistic Self-Care Guide.

These previously described predictors include program personalization and eating flexibility, process focus, self-monitoring, physical activity and exercise, social support, reduced emotional and disinhibited eating, increased self-efficacy, and mindfulness practices. While this list of predictors is by no means exhaustive it is quite comprehensive and appropriate. The inclusion of these predictors allows individuals to develop weight-loss and exercise strategies that fit their individual needs, eat foods they enjoy, and focus on developing healthier eating and physical activity behaviors, rather than focusing on diet and exercise as a means to an end; thus allowing them to delight in a greater sense of balance physically, emotionally, and spiritually. Individuals can relearn natural cues to eat, stop eating, more effectively manage stress, become more assertive, examine the use of food as a coping mechanism, examine unhealthful self-talk,

improve feelings of self-efficacy, and potentially reduce, or eliminate weight-cycling (Popkess-Vawter, 1993).

Conclusion

As previously identified in this review, despite the many weight-loss options available to those who want to lose, or maintain weight, they are often less than effective. Dieters may become caught-up in a vicious cycle of yo-yo dieting, which can further increase their risk of heart disease and early death. Still others may suffer from low self-esteem, may eat for emotional reasons, and may use food in a futile attempt to care for themselves. This misplaced use of food as a self-care mechanism can have a profoundly negative physical, emotional, and psychological impact. The integration of several identified predictors of weight-loss success with the Holistic, Self-Care Model has the potential to allow many to achieve greater weight-loss and weight-maintenance success.

The aim of this project was to determine the need for, and the development of, a holistic, self-help weight-loss model. A model to address the unique physical, emotional, and spiritual needs of dieters by providing an easy-to-use holistic, self-help weight-loss guide, which incorporates many of the previously identified predictors of successful weight-loss and maintenance. By addressing the gap that currently exists in self-help literature, this project has the potential to benefit numerous overweight and obese individuals.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter outlines the steps used in the development of a Holistic, Self-care Weight -loss Guide. A guide that provides insight into a more ecological approach to weight-loss, and weight-maintenance, through the integration of a holistic, self-care model, with many previously identified, behavioral predictors of successful weight-loss. The overall aim of the guide is to introduce individuals who want to lose weight, or who may be struggling with losing or maintaining weight, to a new and innovative tool that may allow them to not only lose weight but to reach a level of holistic wellness not previously known to them.

Guide Development

Research articles and information cited in this paper were gathered from a variety of online and print sources to provide an overview of the topic, and to show the need for the creation of the guide. Topics included holism and holistic wellness, holistic weight-loss, behavior-change models and behavior modification, predictors of successful weight-loss and maintenance, and the efficacy of popular weight-loss methods. Subsequent findings led to the identification of the need for a holistic self-care weight-loss model and the creation of the holistic self-care weight-loss guide. This guide would not only

focus on weight-loss and weight-maintenance, but integrate many of the previously identified predictors of successful weight-loss, with the often imperceptibly-related holistic components of wellness. These components include, but are not limited to, the physical, emotional, and spiritual aspects of eating and physical activity. An extensive search failed to identify comparable lay publications, therefore, the content of this guide was developed utilizing several relevant sources, including: peer-reviewed journal articles; scholarly literature reviews; the Health at Every Size Paradigm; and several highly-rated, self-help, and self-help holistic weight-loss, lay publications (Albers, 2009; Koenig, 2007; Normandi & Roark, 2008; Roberts, 2009; Roth, 2003; Tribole & Resch, 2003; Williamson, 2012).

Predictors of Successful Weight-Loss and Maintenance

As cited elsewhere in this paper, identifying predictive factors that may improve weight-loss and weight-maintenance outcomes, has been the focus of many researchers. However, not all previously-identified predictors were found to be relevant for inclusion within the Holistic Self-care Weight-loss Guide. Predictors were identified as relevant to the guide when they were found to be congruent with the previously described Holistic Self-Care Model.

For example, stating that an individual should eat breakfast may be counter-productive to someone attempting to practice mindfulness and is not physically hungry at breakfast. Additionally, inviting a user to select a more realistic goal weight would also be unsuitable for inclusion due to the highly

individualized nature of the guide. In addition, questioning an individual about their prior number of weight-loss attempts would serve little purpose when using the guide.

The Holistic Health Diagram

Based upon Euler's Three-Circle Diagram Hamburger (2005), the Holistic Health Diagram was used to illustrate the linkage and overlap of holistic components. It effectively illustrates the holistic integration of the body, mind, spirit, or other ecological components of wellness, such as social, environmental, etc. Each circle represents a component of holistic health or wellness. The interconnectedness of the circles is a visual representation of how each variable is related to the whole. The diagram may be altered (circles added or removed as needed) to include other components of holistic wellness (social environmental, financial, communal, etc.) to suit the individual needs of each user.

The Health at Every Size Paradigm

Principles of the Health at Every Size Paradigm (HAES) are also incorporated into the guide as this model integrates the holistic principles of addressing an individual's physical, emotional, and spiritual needs. It is also supported by research indicating that many chronic health conditions associated with being overweight or obese can be improved using this model (Robison et al., 2007). Components of the HAES paradigm include: acceptance of size and self, increasing feelings of self-worth and self-efficacy, enjoyment of food, learning to identify internal cues of hunger and satiety, the enjoyment of physical activity,

and the development of a support system (Bacon, Stern, Van Loan, & Keim, 2005; Gagnon-Girouard et al., 2010; Robison et al., 2007).

Guide Design

The guide is intended for use by any individual who is interested in addressing weight-loss, or weight-maintenance, from a holistic perspective. Unlike other literature, designed to address overeating from a no-dieting and holistic prospective (Albers, 2009; Koenig, 2007; Normandi & Roark, 2008; Roth, 2003; Tribole & Resch, 2003; Williamson, 2012) this easy-to-use guide allows users to address their own unique needs in an individualized manner.

The template and font color for the guide was chosen for its simple, yet tasteful design. The title “Beyond Dieting: A Holistic, Self-Care Guide to Weight Loss” elucidates the concept of going beyond the '”eat-less, move-more”, traditional weight-loss approach. The cover-page was designed using overlaid photo images of several well-known components of holistic weight-loss, to provide visual imagery of how the individual components intersect and are often connected. The serif font, Arial 12, selected for use in this guide, has been previously deemed suitable for use in educational materials (Wiener & Wiener Pla, 2011) and has been screened for readability at a sixth to eighth grade level using the Fry Formula (Free Readability Formulas Tools, n.d.). All guide headings are left ‘justified,’ for the purpose of continuity. Photos and clip art were selected from FreeDigitalPhoto.net (FreeDigitalPhotos, n.d.), and inserted in

sections of the guide, based upon relevance to the topic, and to make the guide more visually appealing.

The guide is created in English and begins with an introduction of how, often, imperceptible physical, emotional, spiritual, social, or other environmental factors may be related to overeating and lack of weight-loss success. It explains how addressing these factors in a more holistic way may help an individual achieve greater success. It describes how more traditional behavior-modification plans are designed, and illustrates how this guide is different from other self-help weight-loss materials.

Users of this guide are informed that they may experience some emotional distress, or discomfort, and are recommended to seek the help of a licensed mental healthcare professional if their emotions or distress become too intense or are bothersome. Information on finding a mental healthcare professional is provided.

Users are encouraged to follow whatever style of eating, or diet, they choose. Contraindications regarding dietary intake and physical activity are discussed. Users of the guide are encouraged to seek the advice of a healthcare professional before beginning any of the activities within the guide. Instructions for using the guide are included. Users are encouraged to omit, or include, topics as needed, and are reminded of the interconnectedness of concepts that may seem unrelated at first glance.

The “Your Needs Assessment” consists of five sections: Emotional Eating, Mindfulness and Mindful Eating, Physical Activity and Exercise, Caring for Yourself (Your Spirit), and Developing a Support System. Each section begins with a series of six-questions designed to allow users to consider how each section may apply to their specific needs. The questions are based upon previously validated questionnaires examining eating behavior (Van Strien, Frijters, Bergers, & Defares, 1986), mindfulness practices (Brown & Ryan, 2003; Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008), physical activity (Stevens, Moget, de Greef, Lemmink, & Rispens, 2000), happiness and well-being (Hills & Argyle, 2002; van Dierendonck, 2004), and social support (Cohen & Hoberman, 1983). Each section incorporates components of a holistic, self-care model, with one or more predictors of successful weight-loss. This may allow users to identify issues that may be preventing them from losing or maintaining weight-loss, and allow them to contemplate viable solutions.

The guide offers examples of completed holistic health diagrams and shows how they may be utilized. Example A demonstrates the holistic relationship between emotions and food consumption. Example B is an examination of identifying new behaviors, from the scenario in Example A, which may be more appropriate and healthful. Example C illustrates the interconnectedness of mental, emotional, spiritual, and social aspects relating to feelings about working out at a gym. A blank diagram titled “My Guide” is provided for users to print and complete as desired. Each circle is labeled as

“Body,” “Mind,” and “Spirit” to remind users of the holistic nature of the guide. Users are also encouraged to incorporate other circles, boxes, etc. as needed to address their own unique needs, and examples are provided. Lines within the circles were intentionally omitted to allow for individualization (writing, drawings, doodles, etc.). The guide concludes with a brief reiteration of the previous sections, information regarding how to locate a mental health care professional, an inspirational quote to provide encouragement, a page for notes, and a list of suggested readings.

CHAPTER FOUR

DISCUSSION AND RECOMMENDATIONS

The purpose of this project was to determine the effectiveness of popular weight-loss models and to ascertain if an alternative, holistic self-care, weight-loss model was needed. The initial idea for the development of this project was due to the plethora of weight-loss options available, and the ever-present media disclaimer of popular commercial diets indicating the advertised weight-loss results not being typical. A search for alternative weight-loss literature identified a gap which further exemplified the need for the development of this project. Further investigated into the topic, and the subsequent research gathered for the completion of the literature review, provided a more comprehensive outline for the development of the guide.

Originally, the concept of a workbook and daily journal, consisting of eight daily practices, was the proposed outline of the project. The original workbook included extensive examples for each of the eight practices and an end-of-the-week review, to be completed by the user. However, as the journal was created it quickly became apparent that the recommended task of completing eight daily practices, and the end-of-the-week review, would be too cumbersome for the user. The linear format of the workbook would have forced the user to analyze behaviors that may, or may not, have been pertinent to them, or to explore behaviors they may not care to attend to. In addition, the originally proposed workbook had qualities comparable to already-existing, self-help literature.

After a more thorough investigation of existing data, and discussions with health care professionals and colleagues, a more holistic guide, utilizing the Holistic Health Diagram, was developed. The use of the Holistic Health Diagram and the term “guide,” as opposed to “workbook,” allowed for the development of a less linear, more holistic, model. The guide is less cumbersome than the previous workbook and more easily utilized by individuals, since it allows them to address their particular needs in a highly customizable way. The guide consists of five sections. Users may choose to examine all five sections individually, identify two or three sections and examine them together, or identify their own area of need(s) and include, or exclude, sections as necessary. The Holistic Health Diagram may be used for all of these approaches.

Though many weight-loss options are available to dieters, success is often hard to attain. Repeated and unsuccessful attempts at weight-loss or weight-maintenance may cause physical and emotional distress in many individuals. This distress may be exacerbated if compensatory, self-care behaviors, such as compulsive eating and weight-cycling, occur. Holistic wellness emphasizes care of the whole person and has also been found to be beneficial in addressing issues related to excess body weight. The need for a comprehensive, holistic, self-care, weight-loss guide, offering relevant information that can be individualized, is needed as an alternative method for weight-loss and weight-maintenance. Despite certain limitations, this guide may help address that need.

Further research is necessary to investigate the findings of this project and to test the efficacy of the guide. The development of a moderator guide and the formation of a focus group would be invaluable in determining the usefulness of the guide and its overall functionality, design and style appeal. This would enable the further development of a guide that could be offered to individuals for personal or professional use. Based upon appropriate cultural considerations, this guide could be translated into other languages as needed. The guide could also be converted into an application for smartphone or electronic tablet use.

APPENDIX A

BEYOND DIETING: A HOLISTIC, SELF-CARE, GUIDE TO WEIGHT LOSS

Beyond Dieting: A Holistic, Self-Care, Guide to Weight Loss

Image courtesy of [Sura Nualpradid] / FreeDigitalPhotos.net

Image courtesy of [dan] / FreeDigitalPhotos.net

Image courtesy of [Stuart Miles] / FreeDigitalPhotos.net

Image courtesy of [worradmu] / FreeDigitalPhotos.net

INTRODUCTION

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Dieting and Weight Loss

Most individuals who want to lose weight have tried at least one diet or weight-loss program. Unfortunately, few are successful, and fewer still are able to maintain the weight they have lost. Frequently, weight-loss programs do not address factors that may, at first, seem unrelated to overeating behaviors. These can include physical, emotional, spiritual, social, or a combination of these and other factors, and can make weight-loss, or maintenance, difficult.

Why This Guide is Different

This guide is not a diet. It integrates learning behaviors, that have been found to be helpful for successful weight-loss, and maintenance, into a personalized program, designed in a way that visually represents the connection of the body, the mind, and the spirit. The guide may help you identify reasons you may overeat, or reasons you may avoid exercise and physical activity. It may be used by anyone who that feels they may use food to fill needs that are not necessarily related to physical hunger, but it is mainly designed for those who have tried dieting and are unable to lose weight, or maintain weight-loss.

How this Guide is Different

Most weight-loss programs are based on changing you behaviors, such as eating less and moving more. Healthy weight-loss plans will usually encourage you to eat more fruits and vegetables, limit saturated fats and sweets, drink plenty of water, and participate in at least 30 to 60 minutes of physical activity most days of the week. While this advice is useful for overall health and weight-loss, it may not be enough to offer lasting success. Those who struggle with their weight may feel there is something missing; something preventing them from lasting success at weight-loss or maintenance. This guide may help fill that void.

This guide may be used alone or may be incorporated into any weight-loss plan or program you are now using. If you do not want to count calories, grams of fat, carbohydrates, or weigh and measure your food you don't have to. Not with this guide. Dieters frequently give up on a diet because there are too many rules. This program is about addressing your needs. There are no rules, and it is not a "one-size-fits-all" approach.

Image courtesy of [khunaspix] / FreeDigitalPhotos.net

What You May Experience

You may experience some emotional distress or discomfort while working through this process. This is normal and to be expected. If you notice this, you are encouraged to examine your feelings closely, and if they are bothersome, extremely painful or stressful l, or if you feel you may be suffering from depression, please seek the help of a licensed psychologist, counselor, or therapist. Information on finding a mental health care professional is provided at the end of this guide.

It is assumed that users of this guide have no medical or physical conditions, related to dietary intake or physical activity and exercise, which would prevent them from engaging in any of the activities outlined in this guide. Please seek the advice of your physician, or healthcare provider, before you begin using this guide. If you have food allergies, or are on a medically-supervised diet, feel free to adapt this guide to your specific needs but please also discuss these needs with your physical or dietician before you begin using this guide.

How to Use This Guide

Read through the following sections and then use the "My Guide" diagram, based upon your unique needs. To assist you with this, several short questionnaires have been provided to assist you in discovering what these may be. You may use the diagram however you wish. Please feel free to make as many copies as you need. To introduce you to the principles of holism, five sections have been

included. However, if one or more of the sections does not apply to you, feel free to substitute any other area of your life you may wish to address, or you can simply choose not to complete a section. You will most likely see a connection between two or more sections and you may want to combine these into one diagram. An example of this is provided in “Example C.” Remember, this is a lifelong journey and it belongs entirely to you. There are no ‘right’ or ‘wrong’ answers, and only YOU can determine your level of success. Be patient with yourself and know that change does not happen overnight. Go easy on yourself and, above all, have fun and enjoy learning about parts of yourself you may not have been aware of, or have ignored for far too long.

Image courtesy of [dan] / FreeDigitalPhotos.net

YOUR NEEDS ASSESSMENT

Emotional Eating

Thinking back over the last six months, please answer yes or no to the following questions:

- Do you eat, or feel like eating, when you have an unpleasant emotion such as boredom, frustration, anger, or sadness?
- Do you eat, or feel like eating, when you feel disappointed, anxious, worried, or stressed?
- Do you eat, or feel like eating, when something frightening or unpleasant happens?
- Do you eat, or feel like eating, as a form of procrastination?
- Do you eat, or feel like eating, when something pleasant happens?
- Do you eat, or feel like eating, in order to reward yourself after completing a task?

Everyone reacts to emotions differently. If you answered yes to the majority of these questions, you may use food to sooth your emotions. Think about when,

what, where, why, and how much you eat. What motivates you to eat? Do you eat when you are hungry, in anticipation of being hungry, or when you want to make yourself feel better? Do you eat to suppress uncomfortable emotions or to try and relieve stress? Emotions can be negative or positive and can include: anger, excitement, frustration, joy, helplessness, or fear. You may want to make a list of the emotions that make you want to overeat. You may also want to make a list of ways you can experience an emotion without eating. The enclosed “My Guide” diagram may be helpful for you to examine how emotional eating affects you physically, mentally/emotionally, and spiritually.

Image courtesy of [amenic181] / FreeDigitalPhotos.net

Mindfulness and Mindful Eating

Mindfulness can be described as ‘being in the moment and paying attention to whatever it is you are doing at that moment.’ As you may have already guessed, mindful eating is being in the moment and paying attention to the food you are eating and how the food is making you feel (satisfied, full, uncomfortable, nauseated, etc.). Emotional eaters are often not mindful eaters. Thinking back over the last six-months, please answer yes or no to the following statements:

- It is often difficult for me to focus on what is happening right now.
- When I feel something unpleasant (sad, frustration, etc.) I frequently try to distract myself.
- I have a difficult time remembering the name of someone I just met.
- When speaking with someone, I usually only pay partial attention to what they are saying, and I am also focusing on other things at the same time.
- I often eat while doing other things like watching TV, reading, or working.
- I often think about the past or future and do not pay much attention to the present.

Image courtesy of [anankkml] / FreeDigitalPhotos.net

If you answered yes to the majority of these statements you may be running on auto-pilot, and not fully aware (mindful) of your eating patterns. Do you keep eating past the point of satisfaction? Do you eat when you're distracted, or to distract yourself? Do you eat in response to the time of day (breakfast, lunch, or dinner time)? Our lives are often chaotic, and we may pride ourselves on our ability to multi-task and take care of others, but we often neglect our own needs in the process. We may frequently push ourselves to our limits and may not feel that a "time out" is allowed. At these times, food tastes good and can offer a temporary sense of calm, energy, or even happiness. That is, until we realize we've eaten a few hundred, or thousand, calories and that what we may have really wanted, and still want, was a nap, a walk, or to watch a movie. Then, feelings of anxiety about over-eating may become so uncomfortable that we eat to relieve them. See how this can quickly become a vicious cycle and result in weight gain, or unsuccessful weight-loss or maintenance? Being more mindful about eating may allow you to recognize the needs of your body, enjoy food in a more relaxed way, potentially eat less, and lose weight. The enclosed "My Guide" diagram may be helpful in allowing you to examine how the 'when, what, where, why, and how much' you are eating makes you feel. You may also want to make a list of ways you can become more mindful and care for yourself in ways other than eating.

Physical Activity and Exercise

Physical activity and exercise are important not only for your physical health but for your emotional health as well. What is the difference between the two? For the purposes of this guide, and in general, physical activity can be described as 'any type of activity that is not considered structured exercise,' such as gardening, washing the car, playing basketball, cleaning house, etc. Exercise can be thought of as 'a more structured activity,' such as jogging, going to the gym,

swimming laps, etc. Thinking back over the last six-months, please answer yes or no to the following statements:


Image courtesy of [Michal Marco] / FreeDigitalPhotos.net

- Participating in physical activities is enjoyable for me.
- I enjoy, and participate in, some form of exercise one or more days per week.
- I enjoy being physically active and/or exercising.
- Even if I don't feel like exercising or participating in physical activities, I often feel better after having done so.
- I feel a sense of accomplishment after physical activity or exercise.
- Physical activity or exercise relaxes me.

If you answered yes to the majority of these statements, you are probably well aware of the benefits physical activity and exercise can provide. If you answered no to the majority of these, you may want to keep reading. This section is not about getting a certain amount of daily exercise. It is about helping you choose what types of physical activities and exercise are within your range of physical abilities and also nourish your body, mind, and spirit. Maybe you want to try an activity you've never tried before. Do as much, or as little, of the activity as you desire. As you begin to move more, you may find you can, and even want to, keep moving for longer periods of time. You may soon find there are activities or exercises you enjoy and want to continue doing. You may find some you don't like so much. This is not about forcing you to engage in anything you don't want to do. If you decide you absolutely detest walking on the treadmill at the gym then don't do it and don't beat yourself up about it. Try something else, and remember, this all about individualization. Using the enclosed "My Guide" diagram may be helpful in determining what activities you enjoy, and how they nourish you.

Caring for Yourself (Your Spirit)

Image courtesy of [anankkml] / FreeDigitalPhotos.net

While the physical (body) and emotional (mind) components of a holistic guide may be fairly straightforward, the spiritual component may be less clear. This activity is designed to help you assess your level of happiness, or well-being. It may assist you in identifying areas you may wish to change, or even guide you in a new direction. Thinking back over the last six-months, please answer yes or no to the following statements:

- I feel happy and satisfied with the direction my life has taken.
- I am optimistic about the future and my place in it.
- For the most part, my life is organized, and it does not feel excessively hectic or disorganized.
- When thinking about the past, I can say it was generally a happy experience.
- I feel my life is as good a s, or better than, other people I know.
- Even if others disagree with me, I feel confident voicing my opinion and standing up for what I believe is right.

If you answered yes to the majority of these statements, you are probably fairly satisfied with your life and the direction you are headed. If you answered no to the majority of these, you may want to keep reading. The term spirit, or spirituality, is often confused with religion. However, spirit can be separate from religious affiliation, and, for a variety of reasons, many individuals may be living lives that are not as spiritually fulfilling as they could be. Spiritual practices are often found to enhance feelings of well-being inner peace, and can be practiced in a variety of ways. You may want to ask yourself questions such as: How am I living a life that is meaningful to me? How do I know? If not, what can I do to

move closer to a more meaningful life? Is the work I'm doing contributing to this? What changes can I feasibly make? Are there ways I can live a life closer to my own core values? Other questions you may want to think about are as follows: Do I know how to effectively set boundaries with people? If not, what can I do about that? What are some ways I can say no when I really mean no; and yes when I really mean yes, AND feel good about it?

Image courtesy of [Vlado] / FreeDigitalPhotos.net

Everyone is unique and has distinct talents, abilities, needs, interests, and desires. While thoroughly examining your spiritual needs is far beyond the scope of this guide, it may be a good place to start. The enclosed "My Guide" diagram may help you identify your own unique sense of spirituality or life purpose.

Developing a Support System

Having a social support system can often be helpful in your weight-loss journey. Support can come from a variety of sources, including family, friends, coworkers, and support groups (either in-person meetings or online groups). Thinking back over the last six-months, please answer yes or no to the following statements:

- I have at least one person in my life with whom I feel comfortable sharing my worries/fears/anxieties.
- If something exciting happens in my life, I have at least one person to share it with.
- There are people in my life who I enjoy spending time with on a fairly regular basis.
- I feel I have as many friends as other people I know.
- In the event of a crisis, I have someone I could call for help.
- I feel like I have adequate social support to deal with any challenges I may be facing.

Image courtesy of [SOMMAI] / FreeDigitalPhotos.net

If you answered yes to the majority of these statements, you probably have a pretty good support system in place. If you answered no to the majority of these, you may want to build a stronger support system. Seek out individuals who will support you on your journey toward better health, and also offer you encouragement. Enlisting support from the often well-meaning individual, who criticizes, judges, is insensitive to your needs, or makes negative comments can sabotage your health-change behavior, so select your support system carefully. With regard to good social support, quality is more important than quantity. One encouraging support partner is much more effective than a dozen people criticizing your efforts. You may want to use the enclosed “My Guide” diagram to identify how key people in your life make you feel, and to assist you in choosing a strong support system.

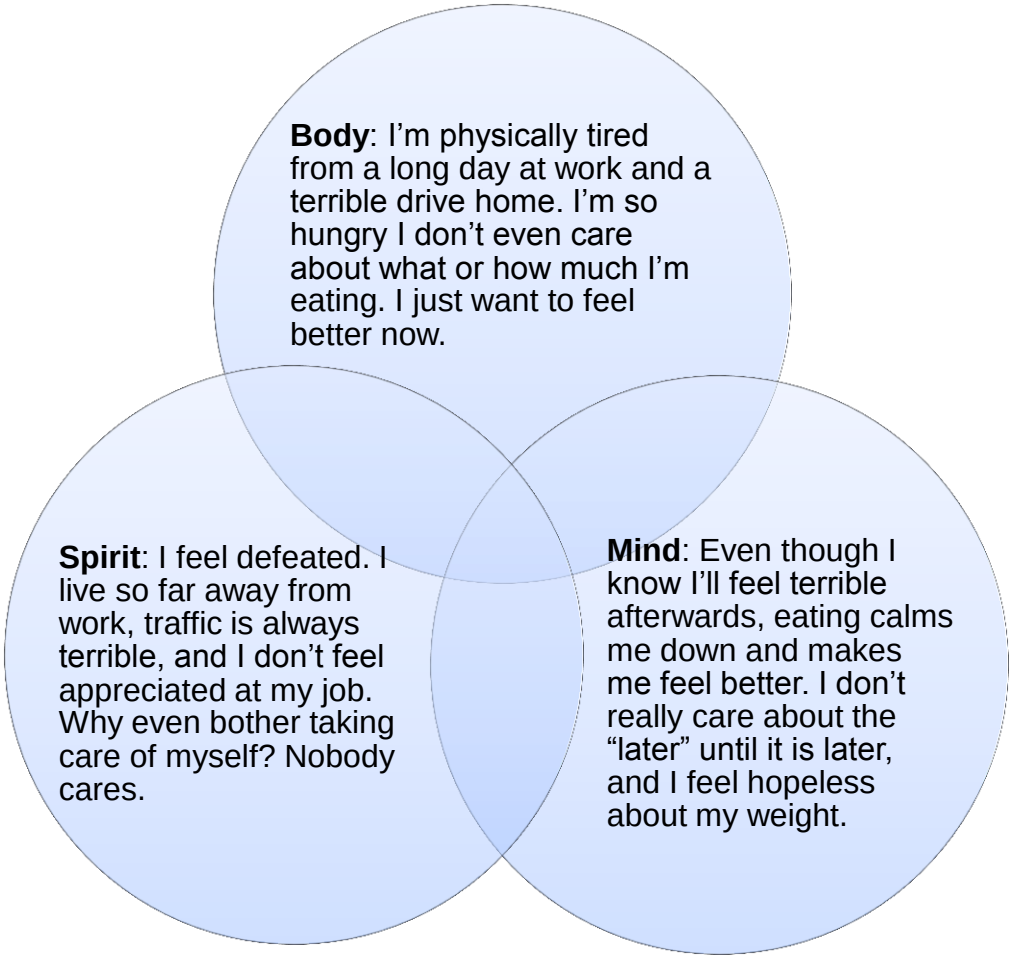
Using the Diagram

The following examples are provided to show you how you can use the “My Guide” diagram. Feel free to make copies so you can continue to use the guides as you need them. Examples A and B explore the relationship between feelings, such as stress, fatigue, anger, happiness, and eating. Example A explores an individual’s self-identified, typical response to physical and emotional eating triggers. Example B explores the same individual’s identification of new, and more healthful, responses to the same situations. Example C explores an individual’s feelings about working out at the gym. See if you can identify how the impact of the emotional component is interconnected with the physical and spiritual aspects previously described.

“My Guide” Example A:


Image courtesy of [bulldogza] / FreeDigitalPhotos.net

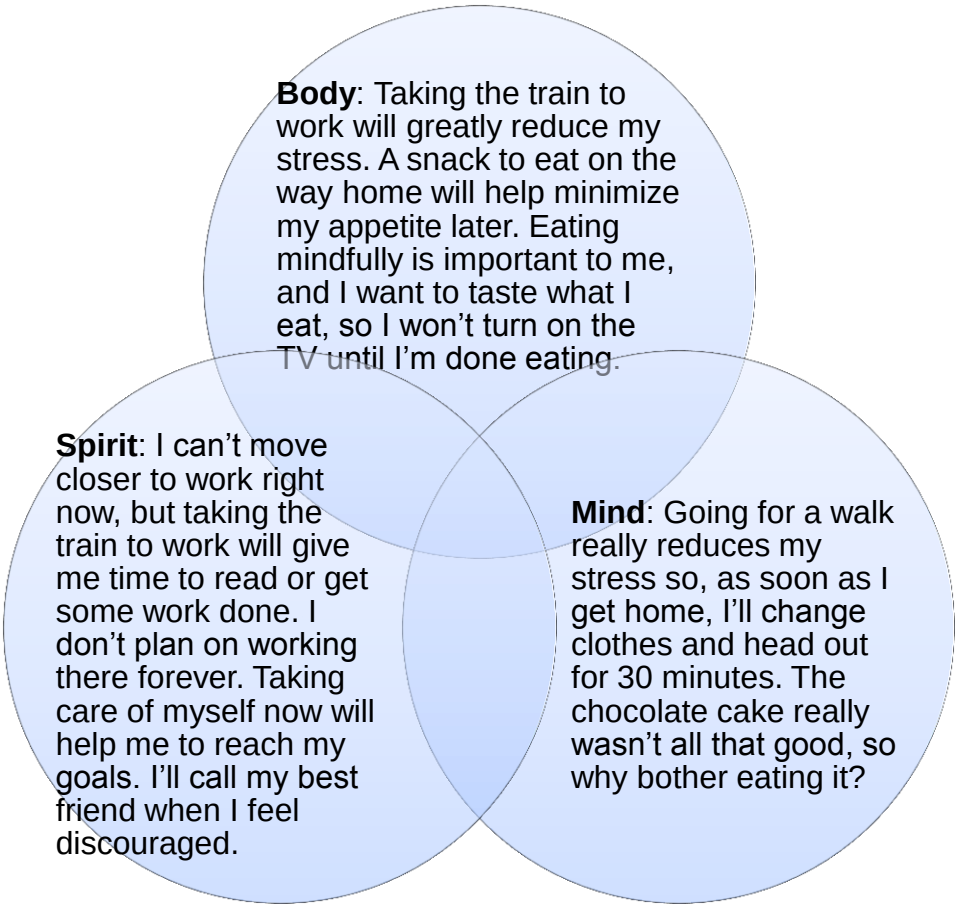
“What a lousy day! Traffic was terrible, so I’m home late, and I have a terrible headache. I’m tired and hungry! I just want to eat, watch TV, and forget about this terrible day. I’ve been thinking all day about the leftover takeout, and especially that chocolate cake! I can’t wait to kick off my shoes, put on my sweats, and kick back on the sofa with my food. I know this isn’t going to help me lose weight, but I deserve a treat. Forget the diet! I’ll start again tomorrow. Right now…I just want to eat!”



“My Guide” Example B:

Image courtesy of [thepathtraveler] / FreeDigitalPhotos.net

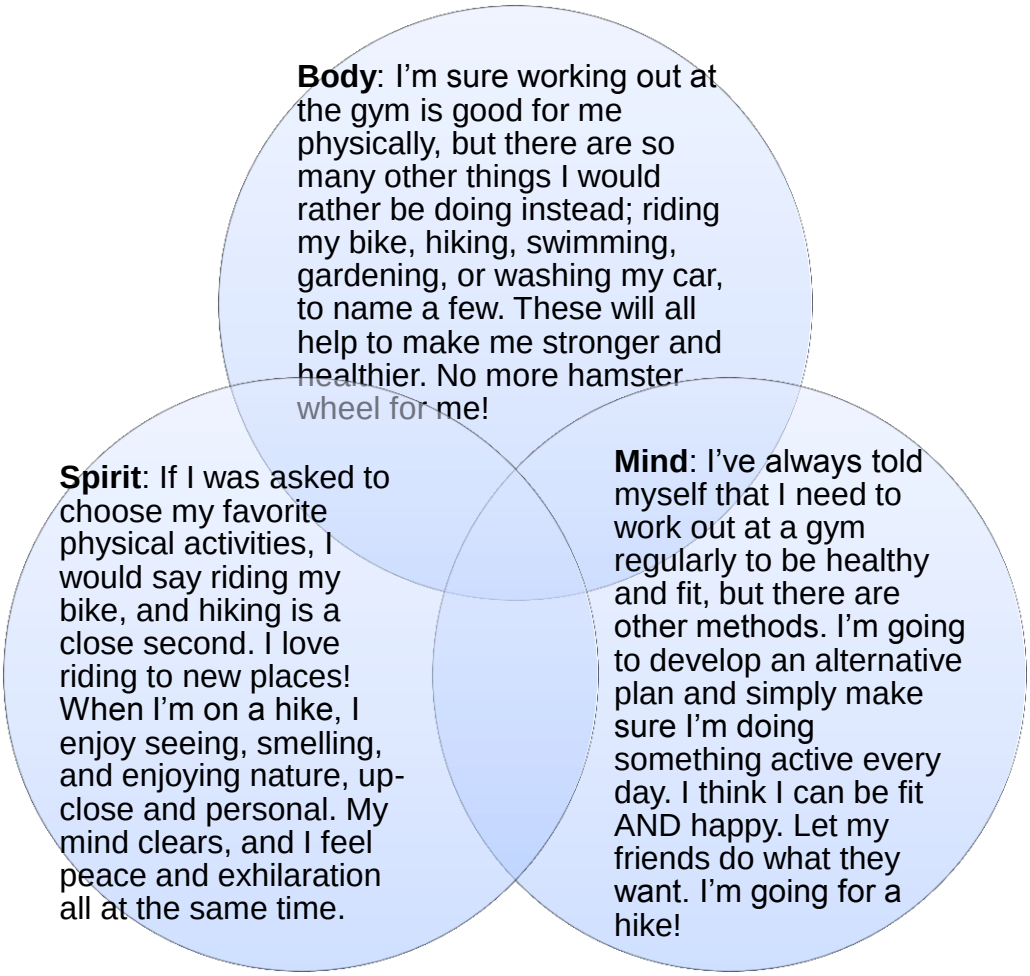
“What a lousy day! Traffic was terrible, so I’m home late and I have a terrible headache. I’m tired and hungry! I just want to eat, watch TV, and forget about this terrible day. I’ve been thinking all day about the leftover takeout, and especially that chocolate cake! I can’t wait to kick off my shoes, put on my sweats, and kick back on the sofa with my food. I know this isn’t going to help me lose weight, so I need to stop for a second. Okay, I’m going to take a few deep breaths, drink a cup of coffee/tea, sit down and think about this situation for a few minutes. How can I help myself and not eat?”



“My Guide” Example C:

Image courtesy of [photostock] / FreeDigitalPhotos.net

Even though I’ve been going to the gym for the past few weeks, I have to admit that I really don’t like it. When I’m on the treadmill, I feel like a hamster on a wheel. I don’t like using the weight machines, and the class schedule doesn’t fit my schedule. My friends who go to the gym say I’ll get fit, if I just keep at it. Why can’t I get fit another way? Why can’t I do something I like to do that would also help me to get fit? I’m going to give this some thought and see what I can come up with as an alternative activity.”



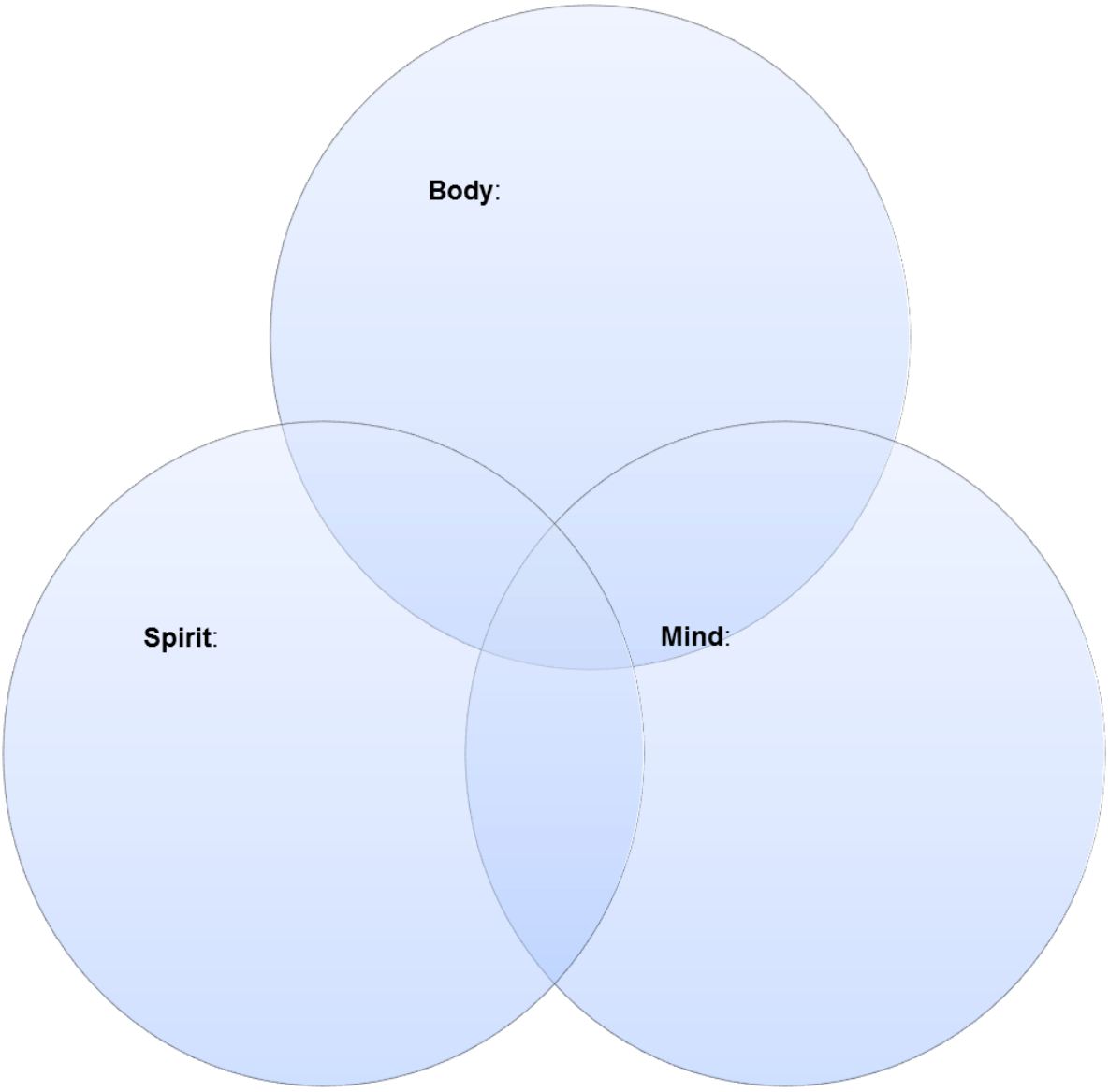
Now it's your turn. The next page contains a blank "My Guide" worksheet. Make as many copies as you need. You can do it!!

Image courtesy of [KEK064] / FreeDigitalPhotos.net

Image courtesy of [arztsamui] / FreeDigitalPhotos.net

Image courtesy of [gameanna] / FreeDigitalPhotos.net

My Guide



Body, Mind, and Spirit are included, but feel free to add or remove any components of holistic wellness you would like. Some examples: social, cultural, environmental, financial, etc. Don't like circles? No problem. This is yours to do with as you please so you can use different shapes, write, draw, doodle, etc. Whatever works for YOU!

SUMMARY

Image courtesy of [arztsamui] / FreeDigitalPhotos.net

Many individuals who have tried to lose weight have had little, or no, success. They may feel they are using food to fulfill non-food-related needs, and those who have had greater success may still struggle with the same concerns. Others may be somewhere in the middle. No matter where you are on your journey, this guide may help you address your individual needs, and assist you in designing a program that works best for you. This guide is designed to allow you to explore your own personal needs, wants, and desires. However, it is not meant to be a substitute for professional medical-treatment or care. Please seek the advice of your physician, or healthcare provider, before you begin using this guide. If completing any portion of this guide causes you to experience extreme anxiety, emotional pain or distress; or if you feel you may be suffering from depression you are encouraged to seek the help of a mental health care provider. You can obtain information on finding a mental health care provider by visiting the American Psychological Association website at www.apa.org, and clicking on “Find a Psychologist.” You can also check with the American Mental Health Counselors Association at http://www.amhca.org/ and click on “Public.” Your physician may also offer referrals to mental health care providers. Additionally, you can find mental health care resources on the Internet, and in your local phone book. Remember:

Image courtesy of [Grant Cochrane] / FreeDigitalPhotos.net

"*Happiness cannot be traveled to, owned, earned, worn, or consumed. Happiness is the spiritual experience of living every minute with love, grace, and gratitude*."

~ Denis Waitley

Go easy on yourself and have fun!

NOTES

Image courtesy of [Paul] / FreeDigitalPhotos.net

MORE INFORMATION AND SUGGESTED READINGS

Image courtesy of [kongsky] / FreeDigitalPhotos.net

If you would like to learn more information about holistic self-care and weight-loss, the following titles are recommended, and can be found at most book stores or online:

-Albers, S. (2009). *50 Ways to Soothe Yourself Without Food* (1st ed.). New Harbinger Publications.

-Koenig, K. (2007). *The Food and Feelings Workbook: A Full Course Meal on Emotional Health* (1st ed.). Gurze Books.

Normandi, C., & Roark, L. (2008). *It's Not about Food: End Your Obsession with Food and Weight* (Rep Rev edition.). Perigee Trade.

Roth, G. (2003). *Breaking Free From Emotional Eating* (Later Printing edition.). Plume.

Tribole, E., & Resch, E. (2003). *Intuitive Eating: A Revolutionary Program That Works* (2nd. ed.). St. Martin's Griffin.

Williamson, M. (2012). *A Course in Weight Loss: 21 Spiritual Lessons for Surrendering Your Weight Forever* (2nd ed.). Hay House.

-More inspirational quotes can be found at:

http://www.beverlysholisticwellness.com/quotes.php

-All images used in this guide are courtesy of FreeDigitalPhotos.net

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