



## Worth Your Weight in Gold: The Quick Guide to Understanding Trauma & Weight Loss

### Volume I



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Weight loss is hard. This is not always due to a significant amount of body mass to lose. Weight loss is hard because life is hard. Issues such as unresolved personal trauma, toxic unsupportive relationships, stress, emotional distress, and access to healthy food and resources are just some of the reasons why weight loss is so difficult. So yes, weight loss is not easy, but it is not impossible. I have had many clients with limited resources lose weight because they were determined to do so. In fact, as I write this one client comes to mind. She had suffered abuse as a child and as a young adult her self-esteem was extremely low. She suffered from debilitating anxiety that had negatively impacted her educational advancement and professional development. She lived in a neighborhood where healthy food was in short supply and not safe enough to walk in. She certainly could not afford a pricey gym membership. However, she had one thing working in her favor: Determination. She knew that she deserved a life better than the one she was living. She knew that she had a right to be happy and to feel good about herself. She was desperate to improve. She came to me for help.

To help my client achieve her goals, we had to start at the beginning. We had to examine how she got into the physical condition she was in. At almost 400lbs, we both knew her issue was not simply a love of food. As we journeyed through her experiences, we discovered that this intelligent, insightful, and beautiful young woman had learned at an incredibly young age to not value herself. In fact, she learned this first from family, then her peers, and later her relationships. Because she believed she was worthless, she attracted people into her life that reinforced this belief. She genuinely believed that her thoughts and feelings did not matter. Those

who were supposed to support her, affirm her, and protect her failed to do so. She internalized this as her not mattering. Those who were charged with caring for her were dismissive of her. This happened so early in her life that she learned to be dismissive of herself. She learned to not pay attention to her own feelings.

Consequently, she learned to respond to feelings of fear and insecurity by abusing herself. Food became her weapon of choice because of the feeling of security and equilibrium it provided. With her abuse being so consistent and severe she turned to food for comfort quite regularly. When I began working with her, I quickly realized that her problem was not really her weight. Her problem was her thinking, her priorities. She had received the message that she was less than others. We had to change that, and she was going to have to learn a great deal. To begin, she was going to have to learn to love, care for, and protect herself appropriately. She was going to have to reconcile the fact that those she expected to do these things for her could not. She would have to accept the responsibility of providing these things for herself. And she did. By the time I finished my work with her she had lost over 150lbs, enrolled in, and subsequently graduated from college, began dating, got married and embarked on a challenging career she thrived in! Oh, and not that it matters, but she was drop dead gorgeous! To accomplish her goals, she had to sever ties with a lot of toxic people, and she had to develop a new way of thinking and behaving, and she did it! But yes, it was hard. Extremely hard.

In my work with clients dealing with significant weight issues I have noticed a few similarities. The most common one being a strong desire to have someone enter their lives and love them just as they are. They desire acceptance for their body and the person inside of it. This

is understandable because all of us, regardless of size, at least to some degree, desire this. We all want to be loved as we are just because we are here. To be loved in this manner harkens back to our lives as infants. Babies are loved and cared for because they are helpless. They are totally dependent. Someone, usually their parents, provides for them and cares for them. The parents know nothing about the future of their infant, such as who they will become or what they may provide or accomplish in the future. They have no immediate expectations of their infant. They love their baby because it is their baby. On the other side of the coin, there are those clients who struggle with weight issues who believe that they are 100% undeserving of love because they are overweight. They will say things like, “I’m not happy with myself, so how can I expect someone else be happy with me?” and “how can anyone love me while I’m like this?” Or, “I just need someone who will love me and help me lose the weight.” Both philosophies fail to recognize that the decision to care for someone is not really based on dependency or physical desirability. It is based on a personal decision to do so. The choice is deliberate. The fact that many parents choose not to care for their babies illustrates how dependency does not always facilitate caring and when we consider that many overweight people are in healthy, loving relationships we are provided with proof that physical desirability is subjective. So why do so many people struggling with significant weight issues equate their need for love or lack of love to their weight? Because appropriate, effective love and caring is usually what was denied prior to weight gain. As weight gain continued a barrier was created, further removing the person plagued with excessive weight from their own emotions and impacting their ability to form meaningful emotional connections with others. Feelings of isolation, loneliness, and failure are exacerbated. Consequently, the lack of care and acceptance affects their internal dialogue. They experience their personhood as

worthless and assigns that identity to self. When a person feels worthless, they are presented with two options: **1).** Keep feeling worthless, or **2).** Change. Obviously the second option is the best option. It is the one with filled with possibilities.

### **I Am Somebody, Not Just My Body**

To accept that you as a human being is more than just your body is exceedingly difficult when you are constantly judged because of your body. Yet doing so is the most important fact that someone struggling with their weight can learn. Yes, we live in a society where people are often judged by what they look like and for a person who falls outside of the realm of what is deemed preferable, life can be quite difficult. When it comes to weight, people (including overweight people) often simplify the issue by saying things like, “oh fat people could lose the weight if they wanted to” or “overweight people are just undisciplined.” It is dangerous to treat a legitimate issue that is emotional in nature as if it is a marginal issue at best. Why? Because this reduces the personhood of someone who is struggling with their weight. It denies all the factors both internal and external that contribute to weight gain and obesity. Excessive weight gain typically occurs because of unresolved emotional issues and poor coping skills, which in turn creates unproductive behavioral patterns. In the next section we will examine the role emotions play in eating and subsequent weight gain.

## **Emotional Eating**

In my work with clients who have weight issues I have discovered that weight gain is as much about emotions as it is about food. Emotional eating occurs due to poor coping skills. A bad day, a criticism, a failure, anything negative can facilitate a binge eating episode. When this occurs repeatedly, the binge eating becomes mindless, where the person engaging in the behavior fails to even recognize that they are eating to cope with negative emotions. When binge eating episodes occur, I ask my clients to ask themselves “why am I doing this?” I advise them to do this in the middle of the episode. This is because at the start of the episode their mind is focused on alleviating negative emotions (anxiety, sadness, fear, etc...). They are most concerned with the acquisition of food and the initial rush provided by consumption. When the binge eating episode concludes, the immediate feeling of satisfaction is quickly followed by feelings of shame, regret, and disgust. The middle part of a binge eating episode is the “mindless” part of a binge eating episode. It is the part where there is no concentration on emotions; just the action of stuffing the body with food to numb feelings. If a person who is actively engaged in a binge eating episode is able to stop in the middle of the episode and ponder why this is happening it forces the behavior to halt and for the person engaging in the binge to consider their emotions before they reach the end of the episode. This is a cognitive-behavioral approach that asks the person engaged in a self-destructive behavior to consider the way their feelings and emotions influence their behavior. The goal is to change from thinking solely about the consumption of food to avoid uncomfortable emotions to actively thinking about the behavior, the damage caused by the behavior, and why the behavior is occurring.

## **The Role of Emotional Trauma in Weight Issues**

For a person who is an emotional eater we must consider why emotional eating occurs. In my work with clients who are struggling with obesity the greatest barrier to weight loss is unresolved emotional trauma. As I stated earlier in the text, many people are quick to try and simplify the reasons for weight issues and the trauma that facilitated the weight issue which is the **active minimization** of the weight issue. When this occurs, it is common for the person with weight issues to develop a personality (**distorted personality**) that is in stark contrast to the actual emotions that characterize their internal struggles. Think about the person with weight issues who always presents as “happy go lucky,” or “tough.” This is done to try and minimize the psychological and perceptual impact of their weight for themselves and others. Oftentimes these people dismiss their trauma and consistently expose themselves to the source(s) of their trauma. Another way in which weight issues are minimized is the belief among many that food addiction and subsequent weight gain is a self-control issue. Controlling appetite and losing weight is not a matter of willpower. It is about structuring your environment, prioritizing, setting boundaries, removing obstacles, and achieving emotional stability to maximize the chances for optimum success. However, none of this can occur until unresolved emotional trauma is identified, processed, and yes, resolved (I liked to say healed). Unresolved emotional trauma is for many people the daily battle within; this is most obvious in people struggling with weight issues as the physical body wears the evidence of inner struggles. Most people dealing with what I call weight disruption issues have emotional and psychological problems manifesting through physiological responses. We have all had the experience of dealing with extreme stressors, and one of the primary symptoms is that our relationship to food changes when our emotional

wellbeing fluctuates. Immediately, there is either an increase or decrease in appetite. For many, a traumatic experience or series of traumas resulting in a break (separation of SELF) is the starting point of morbid obesity, food addiction, food obsession, anorexia, or bulimia. You may be unsure of what qualifies as trauma, so I will define it. Trauma is defined as an injury (a wound) to living tissue caused by an extrinsic agent. Thus, emotional and psychological wounds to the fabric of our being, such as: hate, shame, guilt, betrayal, sadness, diminished sense of self, grief/loss brought on by extrinsic agents: poverty, neglect, assault, rape, molestation, physical abuse, abandonment, death, catastrophe, disaster, and health issues attack the person, and impact their ability to cope. Our mouths are the orifice located in closest proximity to the heart and the head. It is no coincidence that this is the vessel that when under duress we immediately turn our attention to what does or does not go in. The ***trauma oriented brain*** (TOB) requires the development of specific coping skills to counteract the effects. The first step is to release the trauma. However, release involves careful planning and consideration. A person should always utilize the support and guidance of a mental health professional to release the trauma. Safety, compassion, nurturing, optimism, and reassurance will be the immediate response of the professional. This is a direct contrast to the hate, betrayal, sadness, shame, guilt, powerlessness, diminished sense of self, and grief/loss experienced by the ***trauma victim***. Already this shift unlocks a new portal of consciousness where healing can begin the journey to ***trauma survivor***. When trauma is resolved it allows movement forward. It is not that you forget the negative event(s) that happened or that you no longer care. Resolution simply means that the issue has been successfully processed and no longer has the power to immobilize you. You consider the ***conscious issue***, which is the immediate issue at hand, the ***extrinsic agent of pain (most recent)***



which is the most recent trauma experienced from outside and *extrinsic agent of pain (residual)* which is past trauma experienced from outside. Once these issues are addressed, progress may be experienced because there is an understanding of the traumatic event(s), your response to it and how to protect yourself and respond differently in the future.

To better illustrate the effect that unresolved emotional trauma has on weight, I want to discuss a young married woman I worked with. She was struggling to lose weight at the request of her spouse who declared he was not attracted to her and planned to leave the marriage if she did not lose weight (conscious issue.) She had a severely diminished sense of self and fear of abandonment (wounds). The woman had experienced a stillbirth month earlier and received no therapy nor support from her spouse (extrinsic agent of pain-most recent). I learned through the course of treatment that she had been raped by a relative in childhood (extrinsic agent of pain-residual) and had never disclosed to anyone nor addressed the rape in therapy. She also maintained close association with the rapist. This of course was active minimization of her trauma which over the course of 20 yrs became an imbedded, habitual function of her distorted personality. This made it more difficult to lose weight because her brain was already trauma oriented.

To assure the best chance for successful recovery a specialized treatment plan was created. We shifted our focus from weight loss and marital discord to grieving the loss of her child. This refocusing was integral to any success because it directly dismantles the *patient fallacy* that assumes a weight management patient's primary problem is food or weight. Together, we explored the loss of her child as it relates to the pain in her own childhood, and

openly processed the subsequent emotions and behaviors associated with the sexual assault from her childhood. The loss of her innocence (now twice) as she would not get to witness her daughter's relation to this world and participate in her innocence; the lost opportunity to provide her baby with the love, protection, and value she herself never felt. The opportunity to replace shame, guilt, and unworthiness with something beautiful. All this pain was compounded by a spouse's rejection. She feared she would not be able to go on without him because he had been the only choice, she had ever made for herself. She had only experienced consensual sex with him and she feared what losing him would mean. The spouse was invited to participate in couple's therapy. I learned the woman would routinely 'beg' her husband for sex despite repeated declarations by him that he 'was not turned on' by her. Eventually he would acquiesce, and they would have sex; I asked her to dissect the emotional components of these encounters. She listed humiliation, shame, and guilt among the emotions. She became tearful when asked to compare these emotions to those experienced by her child SELF during rape. They were the exact same emotions; evidence of the human mind recreating an environment to get a virtual do-over and yield a different outcome. These familiar negative emotions have been the compass used to navigate her entire life experience. This misguided journey had led her to a one-horse dead-end town where she was the only flesh and bone occupant in a town filled with ghosts. In turn, the isolation she experienced within the marriage became internalized as betrayal and abandonment. The client was both angered and embarrassed by this revelation and stormed out of the therapy room in tears. I recognized her need to be alone with these feelings and assured her I would be here when she needed.

Upon her return, I immediately praised her desire to heal as evidenced by wanting a do over; yet I condemned the method as she was not properly prepared with the necessary tools. Now we would get the tools. First, she had to acknowledge that she did not deserve any of the horrific things she experienced in her life. Secondly, she needed a safety plan to prevent re-traumatization during her healing process. Thus, she needed to create some rules and boundaries with her husband and establish a support system for herself. She decided it was no longer safe to continue having sex with her husband under these circumstances; a healthy decision since he routinely invested in her feelings of low self-esteem. She also decided to select ‘safe’ friends and family to confide in about her marital issues and grieving her deceased daughter. Fearful and unready to disclose to friends and family regarding her childhood sexual assault, she decided to increase therapy to twice weekly and become more involved with church. These proactive decisions led to a sense of empowerment. At this point I felt comfortable in recommending that she create a positive shared weight loss experience to counteract feelings of isolation; she had previously attempted this by working out with her spouse who is a personal trainer. That did not yield positive results; as you cannot yield *positive outcomes* from *negative sources*, an important point to remember. This time she started a wellness initiative in her workplace, organized activities, and shared her experience via social media. Most importantly, she learned to prioritize her own needs and become her own advocate and best friend. It is important for people to become self-sufficient and not rely on others for validation and emotional support. The ability to **self-validate** is essential to a healthy self-esteem.

### **Effective Support for Weight Loss**

The last area I want to explore with you is support. Typically, I would say that support is of paramount importance for anyone seeking meaningful self-improvement; and this is true for the person with weight issues as well. However, for people with weight issues you must be careful where you seek support, as significant debilitating weight issues typically arise in individuals with poor support systems. Therefore, I strongly advise those with severe weight issues to utilize outside resources, especially if they have a negative family and/or co-dependent relationships. Please consider meeting with a supportive, ethical therapist who can help you build an effective support team. It is also a great idea to consider weight loss support groups and attend medical informational meetings to obtain information regarding dietary and nutritional trends, cosmetic and/or reconstructive surgery related to weight loss and a plethora of other issues. For many persons, the after impact that extreme weight loss has on the body with skin elasticity issues, lesions, and other aesthetic issues, serves as a deterrent to weight loss. Body Image is just as important as the body itself. When transforming physically it is important to manage expectations and be willing to do the work over the long haul. The ‘work’ is not only about losing the weight, but it is about managing the physical, social, and emotional aspects that accompany it. For some, it is important to see a movement disorder specialist to learn how to get their new bodies moving properly.

A huge part of improving your life is deciding what you want that to consist of, and who you want to be a part of it. In the next sections you will find my **Food Addiction Checklist** and my **Dead Weight Inventory**. Use these tools to explore your relationship with food and weight, and as a starting point on your journey to wellness!

### **Food Addiction Checklist**

1). Do you feel that you cannot control the amount of food you consume?

Yes                      No

2). Do you eat when you are feeling sad?

Yes                      No

3). Do you prefer to eat when you are alone?

Yes                      No

4). Do you use food as a reward when you do something good or noteworthy?

Yes                      No

5). Have you ever used diuretics or laxatives to control your food or calorie intake?

Yes                      No

6). Do you avoid eating in public?

Yes                      No

7). Have you tried many different weight loss programs but were unable to stop consuming large quantities of food?

Yes                      No

8). Do you think you eat less than you do?

Yes                      No

9). Do you eat when you are not hungry?

Yes                      No

10). If you visit a drive through restaurant, do you start eating while you are still in the car?

Yes                      No

11). Do you have trigger foods? Trigger foods are foods that you start eating and are unable to stop or foods that lead to consumption of other foods.

Yes                      No

12). Do you eat when you are bored?

Yes                      No

13). Have you ever felt unable to control your weight?

Yes                      No

14). Have you ever felt ashamed of your size?

Yes                      No

15). Do you become irritable when someone remarks that you are consuming too much food?

Yes                      No

16). Have you ever become angry with yourself after consuming “bad” (i.e. fattening)?

food?

Yes                      No

17). Do you feel that others will reject you because of your size?

Yes                      No

18). Do you ever fantasize about being thin?

Yes                      No

19). Do you scan your environment for people who are larger than yourself?

Yes                      No

20). Do you spend a great deal of time thinking about what you will eat?

Yes                      No

**An answer of “Yes” to five questions indicates to moderate addiction to food.**

**An answer of “Yes” to more than five questions indicates a severe addiction to food requiring the assistance of a professional immediately.**

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### **The Dead Weight Inventory**

The goal of this inventory is to identify those areas that are stagnating your progress. The barriers to progress are categorized as “dead weight” as they are not contributing to your success and are negatively affecting progress.

**Self-Talk:** Go over the internal dialogue you have with yourself. Determine if you hold negative beliefs about yourself ( body image, abilities, and commitment to change). Develop a counter (positive) internal dialogue that is supportive and encouraging. \* “I am strong, worthy, beautiful, smart, determined).

**Complacency:** Identify areas of your life that need changing, (work, living situation, finances, etc.) and construct a plan do so. Create a schedule if necessary and ask for help or pay for assistance if possible. \*Ask a friend or relative to help you clean or organize or hire a professional organizer, cleaning person, financial advisor. If resources are limited, contact local mental and emotional health authority for resource list and referrals.

**Sabotaging relationships:** Identify relationships and associations that are toxic and foster the maintenance of old, counterproductive behaviors. This includes friendships and familial relationships where consuming unhealthy foods and engaging in negative behaviors (fighting, overeating, gossiping, negativity, inactivity, etc.) are routine. \*If talking to or seeing certain people or environments awaken negative emotions in you (sadness, anxiety, anger, fear of disrespect/insult) stay away!

**Inactivity:** Engage in physical activity if it is safe for you to do so. Be sure to visit with an MD to ensure you are healthy enough to engage in physical activity and get moving! \* Walking indoors or out is great exercise; hire a trainer or ask a fit friend for help if you need assistance.

**Ideal Expectations vs. Reality:** Consider the most important goals for weight loss such as improved health, confidence, and personal well-being. We all have an ideal body we would like to have but consider the importance of having realistic expectations and engage in personal goal setting. Abstain from comparing yourself to others. The goal is to be a better you.

**Spiritual Development:** Consider the spiritual aspect of this transformative process and the benefit of using it to develop a closer relationship with Your Higher Power. Explore leaning on God (or your spiritual belief system) for strength and support when dealing with difficulties and adversities instead of turning to food. \* Meditate, pray, chant, concentrate on stability and grounding.

**Self-Prioritizing and the Power of No:** Explore the concept of putting self first and saying no to people and situations that conflict with progress. This can be as simple as not answering the phone while exercising or as complex as ending relationships that are emotionally high

maintenance. \* If you give away all your resources, you will have **Nothing left for you yourself!**

**Structured Eating:** Develop and adhere to a structured eating plan. Consider meeting with a nutritionist to construct a plan. Plan mealtimes, snacks (or lack thereof), and stop time.

Determine which foods will be eliminated and which will be eaten in moderation. Stay away from cheat days in early dieting process. \*If you are prone to binge eating do not have trigger foods in your pantry or fridge.

Once you have successfully mastered one of the above areas, move on to the next until you have mastered them all. It is a process, commit to it!

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