

HOW DOES ALL OF THIS APPLY TO ME?

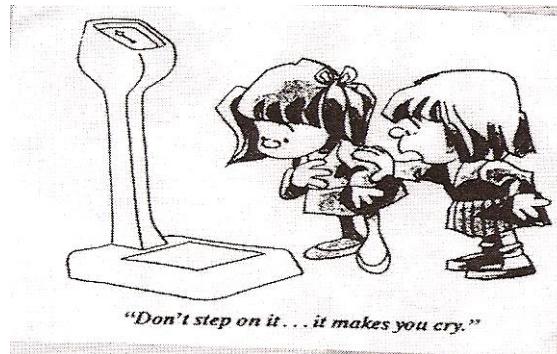
You may be asking yourself at this point what does this have to do with me. Well, say you have a hard time sticking to a diet because when you have had a hard day at work where you have made several mistakes, you come home and eat to make yourself feel better.

Firstly, you are not the only person in the world to have had a bad day, so why doesn't your neighbor down the street do the same thing. This is probably because they have not had the same experiences as you.

Somewhere in your life, you have been made to believe that if something goes wrong, then you have failed. Maybe your parents always used to make you feel bad when you made mistakes as a child and labeled you a failure each time you made a mistake. Your core belief is that you are a failure. To cope with your failure, you have developed eating as a behavior that makes you feel better.

Your neighbor has made mistakes before, but he or she does not believe it is because she is a failure. This is because her parents did not make them feel like a failure when they made a mistake. Instead, they were taught not to take it personally because mistakes just happen.

The job of the therapist in cognitive therapy is to challenge that dysfunctional core belief and allow the client to realize that it just is not true. Then allow them to develop a healthier more realistic way of viewing what happened to them as a child and now what happens to them as an adult.



SAKOWITZ COUNSELING

Michael L. Sakowitz, Ph.D.

Licensed Clinical Psychologist

New Jersey License #35SI00148700

James A. R. Glynn, Psy.D.

Licensed Clinical Psychologist

New Jersey License # 35SI00531800

11 Colburn Ct., Wayne NJ

973.696.5668

63 Beaver Brook Rd., Lincoln Park NJ

973.696.5668

140 Route 17 N., Paramus NJ

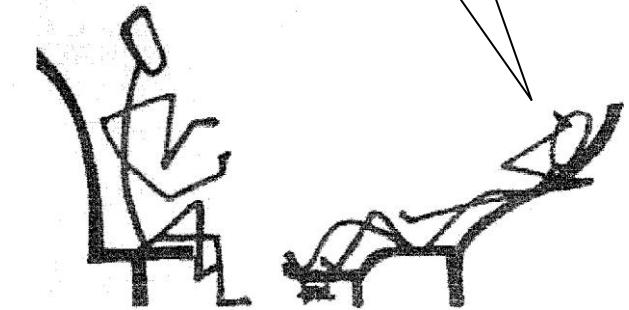
973.696.3592

1900 Union Valley Road, Hewitt, NJ

973.696.0800

Has this type of thought ever entered your mind?

If I eat something and no one else sees me eat it, then it has no calories.



Want to stop?

Cognitive Therapy with Weight Loss Patients.

WHAT IS COGNITIVE THERAPY?

This brochure is designed to give you an introduction into how cognitive therapy works and how it applies to weight loss patients.

Cognitive therapy works on the A, B, C's of therapy. This is a chain of events that leads to a person's current issue. The model hypothesizes that peoples' emotions, behaviors and physiological responses are influenced by the way they perceive events. This means that people can view the same situation differently and therefore they will experience different emotions and behave differently.

The cognitive therapist is also interested in the thoughts that you have when you experience a situation. These are referred to as "automatic thoughts". Once the therapist has identified your automatic thoughts about the situation, they will attempt to evaluate the validity of the thought. If you agree that the thought is invalid and you correct it, your mood will improve.

THINKING DIFFERENCES CHART

Characteristics of Unsuccessful Dieters	Thinking of Unsuccessful Dieters	Thinking of Successful Maintainers
Confusion between hunger and desire to eat.	I just ate dinner half an hour ago, but I'm starving I have to have a snack.	I'm not hungry: I'm just having a craving. I don't need those cookies.
Intolerance of hunger.	I can't stand being hungry.	Hunger is mildly uncomfortable, but I can tolerate it.

Eating as an emotional coping strategy.	I'm upset. If I eat, I'll feel better. I deserve to indulge myself.	If I eat, I'll have two problems: the one that was upsetting in the first place and now feeling bad about myself. I'm going to be very sorry in a few minutes if I eat now.
Focus on unfairness.	It's so unfair that other people can eat what they want and I can't.	I'm so glad I'm not eating like everyone else. I'd rather be thinner.

Where do these thoughts come from? What makes two different people experience the same event differently? The answer is beliefs.

WHAT ARE BELIEFS?

Beliefs are ideas that people have about themselves that usually develop in childhood. If the idea is deep rooted, it is labeled a core belief. One example of a belief is dieters who fail to lose weight or maintain weight loss. They think differently to those who are able to lose weight and keep it off long term. They usually have a lot of "all or nothing" thinking. For example,

- Being full (often very full) is good; hunger is bad.
- They're good if they follow their diets, but bad if they make one mistake.
- Their eating week was either good, or bad.
- Food is either good or bad.

Dieters who fail to lose weight often see themselves as in control (100% perfect) or out of control. They also often think one mistake should give them license to eat whatever they want for the rest of the day. These are all examples of intermediate beliefs people have.

WHAT ARE INTERMEDIATE BELIEFS?

Intermediate beliefs are the rules, assumptions and attitudes that people have based their core beliefs on. Therefore, for the example just given, this person has four rules about food and eating. They may also have assumptions and attitudes that go along with these. All of which are caused by their core beliefs.

WHERE DO CORE BELIEFS COME FROM?

All core beliefs originate from somewhere and invariably, that is in a person's childhood. A person who feels like the example may feel that they are bad or that they are incompetent. Most probably, they had to listen to hours of comments from parents and families that made them believe this. This means that they are doomed to fail at a diet plan before they even start and feel that they can't control their urges because they are unable to control anything.

WHAT WILL I DO IN THERAPY?

During therapy, you and your therapist will work together to examine some of your automatic thoughts in an effort to see if they are rational or not. During this process, the hope is that by changing some of your automatic thoughts about a situation, your intermediate and core beliefs will change to be more functional. For example, if you believe that you are "incompetent", then the therapist will work with you through conversational questioning and homework activities to try to make this belief more rational. For example, the therapist will help teach the client to ask themselves what is going through their mind when they feel hunger and craving, or when they are upset about not eating, or when they give in to their craving. Through this method, the person may start to challenge some of these thoughts and realize that they are not rational and develop more rational thoughts in their place.