MSP Binge eating and Overweigh

Mental Space Psychology (MSP) Binge eating and Overweight

The spatial representation of food and overweight of women with eating binges and overweight

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ID 5dd5a3c1524fe

Date 20-11-2019

Time 21:36 CET

Attachment

The Spatial Representation of food and overweight.pdf

Mental Space Psychology (MSP)
Binge eating and Overweight

The spatial representation of food and overweight

of women with eating binges and overweight
and the psychological guidance towards a balanced eating behaviour

by Jacqueline Heemskerk-Scholten
(September 2018)

translated from the Dutch:
Mental Space Psychology (MSP) - Eetbuien en Overgewicht
De ruimtelijke representatie van voedsel en overgewicht
van vrouwen met eetbuien en overgewicht
en de psychologische begeleiding naar een evenwichtig eetgedrag.
by Gert Arts

Summary

What does the mental space of women with eating binges and overweight look like? How and where do they perceive their self-image, their overweight and the food they cannot leave alone? What are the appropriate interventions for this from the point of view of mental space psychology?

A dozen women with long-term overweight complaints were coached over a longer period with 5 sessions. By keeping the focus on the spatial representation of the complaints, the contours of a possible working protocol rapidly began to take shape. The results hold out the prospect of a more effective approach.

1 A mental-space psychological approach to compulsive eating behaviour and overweight

Prompted by my joining the board of the Society for Mental Space Psychology (SOMSP) and my involvement as a therapist in the MSP - Depression research (Depression in Awareness space) of Lucas Derks and Christine Beenhakker, I started to investigate how women with eating binges and overweight experience this problem in their mental space and what forms of treatment are effective for it.

The study, starting in November 2017, was aimed at women who had been trying for years, if not their whole lives, to lose weight by means of diets and/or sports. These were women who were not able to motivate themselves for a long time to adhere to a diet and/or exercise, as a result of which slimming often succeeded only temporarily. These women have to deal with disappointment, frustration and the yo-yo effect. And despite many attempts, their problem with binges and overweight persists.

Over the past 25 years I have regularly seen women with these complaints in my practice. It became increasingly clear to me that in my clients there is always a problem behind the problem of overweight. The women whose dieting and slimming succeed with ease don't seek psychiatric counselling, as they solve the problem by themselves, or with the help of a dietician.

I discussed with Lucas Derks my idea for a *pilot* study. He was enthusiastic about it and was willing to supervise my study. Lucas studies the importance of the spatial organization of thought and experience (PhD thesis*: Clinical Experiments In Mental Space, 2016).*

At first, I only wanted to study at the spatial representation of food and overweight: I had done it before with two clients. With them I studied the effect of moving the image of the problem food and of the image of overweight. Because the attempts to move these images did not succeed just like that, I wanted to know what caused the lack of success. I searched for the underlying problems using NLP questioning methods and used the appropriate spatial and classical NLP interventions. This appeared to be promising. Furthermore, I wanted to investigate which of these techniques could be best applied, and whether the images of food and overweight subsequently stayed changed and moved once and for all. And of course, the resulting effect on overweight.

2 Design of the *pilot* study

2.1 The participants in the research.

Through advertisements in regional media (or Facebook), an appeal was made to overweight women who would be willing to participate in a study of supervised slimming. After 20 calls, 12 participants remained who actually took part.

These 12 female participants varied in age between 17 and 52 years. The heaviest one weighed 134 kilo (295 lb) and the lightest one 79 kilo (174 lb). They all regularly had eating binges, from 4 times a week to several times a day, resulting from an uncontrollable craving for food.

All participants had tried different diets, with and without professional help, but had not succeeded in losing weight, or they had gained even more weight than they had lost after finishing the diet, the so-called yo-yo effect.

The motivation to lose weight in other ways, such as by exercising more or taking part in a sport activity was lacking or insufficient. During the course of the present study, the

participants were not professionally supervised externally, and were not dieting. There were no medically known causes for their overweight and they were not taking any medication that might affect their weight.

In the course of the study, 2 out of 12 participants stopped for personal reasons. So, these two persons are only referred to in the first consultation. Afterwards we have been incidentally in touch by phone or mail.
Of the 10 remaining participants, 2 stopped after the second consultation. The third and last talk with them was by email or phone.
The participants are numbered here in order of entry.

2.2 Diagnostic and Intervention phases: one or two consultations

The participants were invited to visit the private practice. The sessions took between 60 and 120 minutes. No fees were charged. Attention was drawn to the importance of this research and their participation and involvement.
In the first session the exploration of their history with overweight started. Then the positions of problematic food and overweight, and their self-image were explored in mental space. Right after that, spatial interventions were applied and, combined with those, the search was undertaken for the underlying causes of binge eating and overweight. Based on this exploration, NLP interventions were used.

Afterwards, the effect on the degree of position changes in mental space was measured: in particular the direction, height and distance to the problematic food, the image of the overweight and the location and size of self-image. The results were made notes of. At the next session, the same or similar spatial explorations were carried out, and the remaining tendencies to eat too much were again scrutinized. Using the same and other NLP interventions, including interventions from the Social Panorama, these tendencies were dealt with. Each time the results were measured by changes of the locations of the relevant representations of food, overweight and self-image.

3 Spatial diagnostics

3.1 Observations in the first consultation of the spatial representation of food in women with binges and overweight

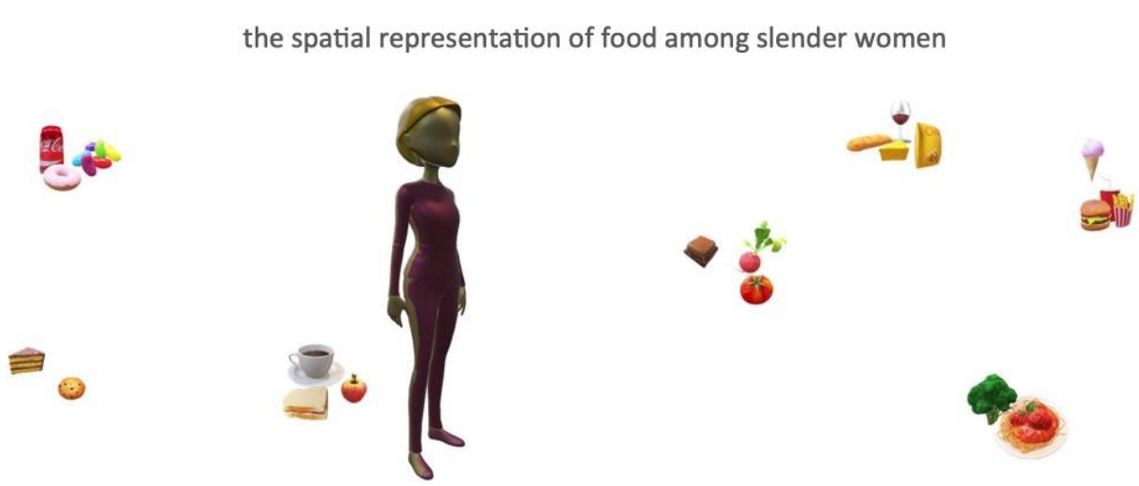
What was similar among all participants with binges and overweight was that they had placed the (often unhealthy) food or drink they crave within reach in their mental space.

- Usually they see this next to themselves, right, left or diagonally in front at a distance between 20 cm and about 80 cm. The height is usually between +10 cm and -60 cm below their own eye level.
- Other food which also holds attraction is usually situated from about 1 m up to 1.50 m before them, or obliquely before themselves and between 0 cm and 60 cm below their own eye level.
- The food the participants do not like or need was often located far away and/or behind them, from about 1 m up to 18 m and often more than 50 cm above their own eye level.

the spatial representation of food among women with eating binges and overweight

3.2 Observations of the spatial representation of food among women with normal to slender stature

For the purpose of orientation and comparison, I studied the spatial representation of food in a group of 6 women (ages from 30 to 56) without eating problems. These women with a normal to slim figure don't have the greater part of unhealthy fattening food within reach in their mental space. When they represent fattening foods, they speak about "occasional sweets, biscuits", etc. They also see this as one thing and not as a large amount: a handful of nuts, a small piece of cake. For example, No. 25 has chips at 1 m distance but eats this once every two weeks and sees it as a small portion.
These slim women give food little or no thought at all. They can retain their weight by a, for themselves, self-evident combination of healthy foods in a normal to small amount and sufficient exercise.
The food they have nearby in their mental space can easily be shifted without any resistance whatsoever.
Five of six women have a positive self-image (are happy with themselves) in the context of family, acquaintances and work. Three of them also have a positive self-image in the context of strangers, the other two have a slightly lower self-image (20 cm and 50 cm below their own eye level) in the context of strangers.
There was one slender woman who in all contexts had a lower and negative self-image, everywhere (-40 cm.) But she had a psychiatric diagnosis (PDNOS).



3.3 The spatial representation of overweight

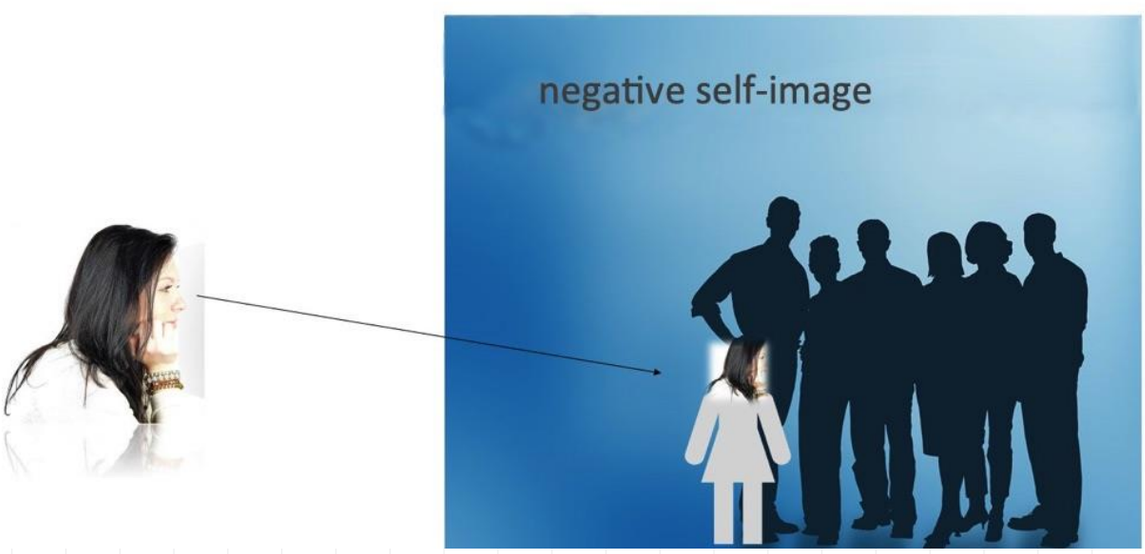
The 12 participants in this pilot study are for the most part focused on the excess weight in pounds or the overweight volume. The first question is, where in space do they experience it?

Nine of the initially partaking twelve participants indicate that they see their overweight as a belt or band of overweight around them, in height and thickness ranging from only the abdominal part to the area from the shoulders to the ankles.
The belt can be seen as fitting close to the body, but also with a small space between it and the body.
The subjectively experienced thickness of the overweight belt varies from 10 to 60 cm.
The colour is dark grey, brown, yellow and also skin colour or translucent.
Overweight can also be seen dissociated. The participants see it as something that doesn't really belong to them. There were two participants, nos. 10 and 11 who did not see it as a band around the body but as a heap of grease, at 3 metres distance in front on the floor, and as two large bags of fat. No. 11 saw no more bags at the 2nd consultation, it was now half a belt of fat on her belly. No. 12 saw the overweight as a shadow of herself at 2 m. distance.

the spatial representation of the overweight

3.4 The perception of the self-image.

All participants have a negative (not being happy with themselves) self-image, which is situated lower than their eye level; they see themselves smaller than other people. This in the contexts of family, circle of friends, work situation and strangers.



3.5 Tentative spatial interventions: the moving of food by the participants

The therapist helps to concretize the mental locations of (problem) food: by making them visually concrete in sketches and by physically indicating the spots.
When trying to move the food around in mental space, out of reach or out of sight, they discover that this cannot be done just like that: "stronger forces" appear to be working from the inside. Forces that put the food back to the foreground.
What does not succeed in fantasy is also proving difficult in reality. Not thinking about unhealthy food or not buying it is almost impossible, the desire for it remains because the images of the unhealthy food are unconsciously so emphatically present.

3.6 Tentative spatial interventions: moving the overweight

The overweight belt, too, cannot just be removed, moved or changed by suggestions. When the attempt is made, it encounters resistance: it does not succeed, the participant feels fear rising or she completely loses contact with the fat belt.

3.7 What is the effect of the visualisation of nutrition in mental space?

Because the participants understand how (problem) food is within sight and reach in their mental space, it becomes evident that it is difficult not to think of it very often.
This awareness gives the participants more understanding of their own patterns. This is in itself helpful, but usually still far from sufficient for a change in behaviour. But being aware of the situation *does* help to have less guilt, disappointment or anger toward themselves.
Exploring food in mental space and the experience of not being able to simply move the food, ensures that the participants now begin to focus on the underlying problem. Because why do they experience the food so near at hand and why can't it be done away with?

3.8 What's the effect of imaging the overweight in mental space?

The representation of the overweight experience, which is seen in 9 out of 12 as a kind of belt around the participants, is at first seen as something completely negative.
The participants are disgusted, angry or don't want to accept it. It gives them a bad or sad feeling, this often causes an eating binge in its turn and so they are stuck in a negative spiral. Usually this is an unconscious process, but now the participants become aware of it because the overweight is made visible, and consciously so, in mental space.

The participants now consciously recognize in their own behaviour that they reject this part of themselves. For they can't look at the overweight (the belt) without getting angry with it.

The participants dissociate that part of themselves because they see it as negative. Especially when they see the overweight at a distance, for example as a pile or a bag of fat, they are more negative about themselves and find it more difficult to see the positive intention of overweight.

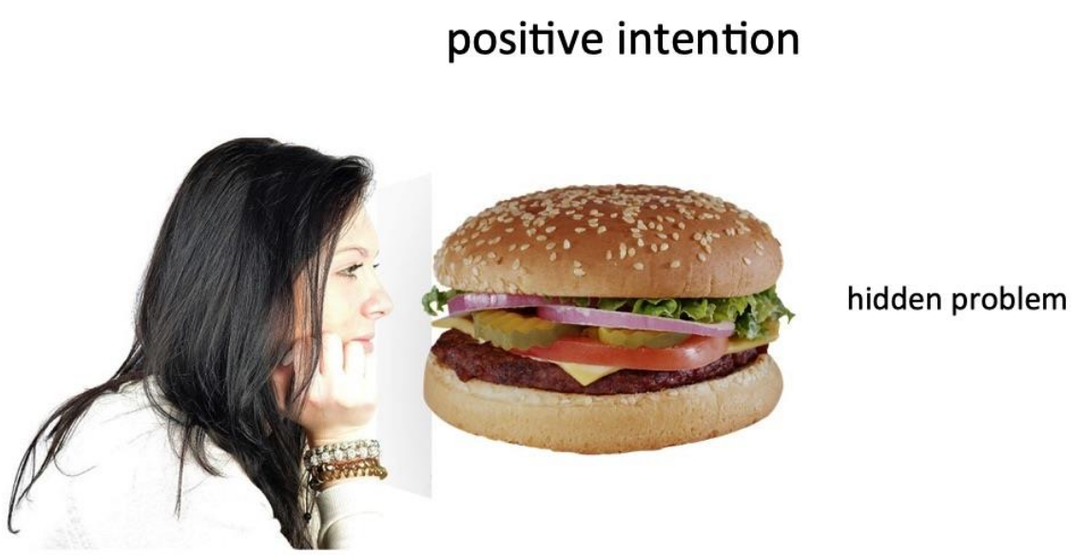
By default, the participants want to get rid of the overweight belt. But attempts to scale down in size or shift this belt to another position in imagination lead to a meagre result: the belt wants to stay. It doesn't seem possible to make the belt smaller, to move further away, to give it a different colour, and not at all to eliminate it.
This, too, is very confrontational, the participants now understand that losing weight with diets won't succeed without further ado, and that there is more going on. They understand that the overweight and the overeating of unhealthy food is just the result of an underlying problem, and that this problem is what needs to be solved.
Now it is up to the participants to make a choice.

Participants no. 7 and no. 10, who stopped due to personal circumstances, already (unconsciously) showed during the initial consultation that they were not prepared to look at the underlying problem.

4 Interventions

4.1 Exploring the positive intention of compulsive eating behaviour and overweight.

Through advanced questioning techniques, insight can be created in the positive intention.
(*PI) By positive intention we mean the unconscious good intention of compulsive eating behaviour and of having and keeping overweight.*
Understanding what the real problem is.



The commonest positive intentions of compulsive eating.

- The food is used to suppress emotions.
- The food is used to get a physically good feeling.
- The food is used to get an emotionally good feeling.
- The food is used to reward or encourage the person.
- Eating food gives a sense of emotional control.

The positive feeling people get by compulsive eating;
The participants get a sense of (apparent) emotional control by eating because the binge suppresses the nasty emotions (often evoked by a sense of being disapproved of and rejected).

In addition, the food can also give an emotionally satisfied feeling. For example, the need for support, appreciation or love is replaced by tasty food. In addition, the large amount of food causes a sugar peak, which causes the participants to feel physically good for the time being.

The negative feeling one gets by compulsive eating:

Besides the feeling of emotional control, the participants also have a feeling of loss of control. They lose control of their body (craving for food) and their behaviour, (the binge); they give in to the urge to eat and cannot stop this process.
When the binge and the sugar peak are over, the participants usually feel guilty, disappointed with or angry at themselves; but that, too, distracts them from the underlying cause. The binges and the subsequent emotions usually cause an even more negative self-image than the participants often already have.
The compulsive eating and being overweight to the point of being obese are therefore the crux of the problem. All the attention goes to them, which makes the chances to identify and solve the underlying problems very slim. They are entering into a (almost) unwinnable fight with themselves.

The commonest positive intention of overweight (the belt)

- Denying and/or suppressing a negative self-image.
- A form of protection: usually protection against disapproval and rejection.
- Hiding, avoiding or denying an (old) problem.
- Denying and/or suppressing (old) emotions.

This method of protection, suppression or denial is often caused by an earlier problem situation where awkward emotions, such as anger, sadness or pain, played a major role. The participants are usually not aware of that old problem situation.
By making this visible in their mental space, the participants are confronted with the problem behind their binges and overweight.
Most participants experience it as a revelation and now understand their compulsive eating behaviour and the fact that loss weight never comes off.
Now they have a better understanding of their own behaviour.

4.2 The usefulness of Reframing

Now that the participants understand that the overweight belt has a positive intention, a more positive name for it can be searched. Now they can also accept that it is a part of themselves.
In most participants, the formerly negatively rated overweight part, is now called "protecting part" but also "appreciating part" and "awareness part" or something similar.
In this way, the participants immediately give themselves a better self-image, because the negative part of themselves has now changed into something positive.
They react emotionally, happily, and enthusiastically, with amazement and relief. One participant remarks that it has now become her own.

4.3 The effect of the Reframing

After Reframing, most participants notice a changed mental representation of food and overweight. It is also possible to change a little more in mental space by means of direct (submodality) suggestions.
The food can often be (partially) shifted. With nine out of ten participants the belt gets more spacious or narrower, or gets a different colour.
More importantly, the belt is now seen as something positive, something that can help the participants to feel better.

The part of the participants which was previously rejected by them is now accepted. This in itself gives a significant internal shift:

- Self-acceptance is important and has a positive effect on the personality of the participants.
- They begin to realize that they themselves can change something, a positive way of exercising control.
- The fight against the kilos and the food has changed into a process of awakening to yourself.
- They want to learn to cope better and differently with themselves and with (emotionally) awkward situations.

The latter is often at the heart of the underlying problem: the participants do not know how to deal with emotions or with problem situations. Often they don't even feel their emotions because they have always suppressed them with food.

If the participants know how to cope with this problem in a better way, this will give them confidence and a better self-image. Then they no longer need the binges and the excess weight, can stop all this and begin to lose weight.

It usually doesn't help to simply tell the participants how they can change their behaviour, because, indeed, they know that themselves. The problem is that an unconscious old pattern furnishes the emotional charge. This is stronger than the power of reason and therefore the

participants continue to eat, they become corpulent and do not want to let go of this overweight.
We must therefore break out of the unconscious patterns learned in an earlier phase of life.

4.4 The value of Six-Step Reframing as a behaviour-changing intervention.

The participants now understand that there is a Positive Intention, so it can be focused on, with the participants looking for new ways to get the PI.
So instead of eating, they can become aware, for example, of their awkward emotions, and consequently begin to recognize and acknowledge them, and, as a result, deal with them in a different way.
Here it comes in handy if the therapist helps the participant to find resources in the form of examples of appropriate behaviour.
Like becoming aware of the fact that the part often still responds in a childish way but that she is mature now. How does an adult do this? Do you know someone who might react in a different way to that awkward situation and can cope with emotions?
The literal question to the participant might run: How would you deal with that emotion or situation now that you are older and have learned a lot and can communicate in a mature way?
Together with the in Six-Step Reframing activated creative part, therapist and participants can look for better ways and propose them to the former overweight part, the protection part or otherwise renamed problem part.
If, after finding alternative behaviours, there are no inner objections, the participants will try this in the coming weeks.

If there are still objections, another intervention can be sought, and one can then continue with Six-Step Reframing because the participants then have found the right resources (= capabilities) in themselves.

Sometimes there is a strong resistance before Six-Step Reframing can be started, and therefore a different intervention must be used beforehand.

In the testing of ecology (the search for inner objections to change) one can see whether the food can be moved in mental space and whether the (former) overweight belt can change place and shape and whether the original problematic part is willing to get rid of the overweight as a (surrogate) solution.

At the next consultation we will examine whether the new behaviour has sufficiently helped to move the food to a, for the participants, better place and whether it has actually brought about a different eating behaviour.
The mental-spatial image the participants have of the overweight is also considered. In addition, we examine whether the part, which kept holding on to the excess weight, can now let go of it, with the result that the participants can now finally lose weight.

4.5 Used interventions

- Reframing: Bandler, R., & Grinder, J., (1982). Reframing Neuro-Linguistic Programming and the Transformation of Meaning. Moab, Utah: Real People Press.
- Six-Step Reframing: Bandler, R., & Grinder, J., (1982). Reframing Neuro-Linguistic Programming and the Transformation of Meaning. Moab, Utah: Real People Press.
- Working with Submodalities: Bandler, R., (1985). Using Your Brain for a Change. Moab, Utah: Real People Press.
- Reimprinting: Dilts, Robert, The Process of Reimprinting, Anchor Point, July & August 1997, Salt Lake City, UT.
- Double Dissociation: Bandler, R., & Grinder, J., (1979). Frogs into Princes. Moab, Utah: Real People Press.
- Silent Abreaction: Derks, L.A.C., Lucas (2002). Sociale Denkpatronen; het veranderen van onbewust sociaal gedrag. Utrecht: Servire. English version: (2005) Social Panoramas: Changing the Unconscious Landscape with NLP and Psychotherapy: Crown House Publishing
- Social Panorama, transferring resources to parents/ancestors, social thinking patterns, changing unconscious social behaviour: Derks, L.A.C., Lucas (2002). Sociale Denkpatronen; het veranderen van onbewust sociaal gedrag. Utrecht: Servire. English version: (2005) Social Panoramas: Changing the Unconscious Landscape with NLP and Psychotherapy: Crown House Publishing
- New Behaviour Generator: Bandler, R., & Grinder, J., (1979). Frogs into Princes. Moab, Utah: Real People Press.
- Compulsion Blowout Technique: (developed by Richard Bandler in 1998) Andreas, S. & Andreas, C. (1989). Heart of the Mind, Real People Press
- Visualising the resource and clicking it fixed on the old place of the food: Derks, L.A.C., Lucas (2002). Sociale Denkpatronen; het veranderen van onbewust sociaal gedrag. Utrecht: Servire. English version: (2005) Social Panoramas: Changing the Unconscious Landscape with NLP and Psychotherapy: Crown House Publishing
- Short relaxation exercise: *http://www.progressiverelaxation.org/*
- Mindfulness: *https://en.wikipedia.org/wiki/Mindfulness* – exercise in eating consciously and slowly.

5 Evaluating the effects in the second consultation

5.1 Behaviour change

At the start of the 2nd consultation, six out of 10 remaining participants report they no longer have binges, three others have fewer binges.
Seven of the participants have lost some weight, two have stayed the same.
There is one participant left with grave binges. She also put on 1 kilo. Unfortunately we had to stop coaching her during the first consultation after exploring the food and the belt. There was no time for the behaviour-changing interventions: Reframing and Six-Step Reframing.

All ten participants say that they have become more conscious about eating, and stop to think about it when they notice an appetite for unhealthy food.
The nine women with whom an intervention has been done now use the alternative behaviour they thought up during Six-Step Reframing and agreed on with their parts.
Five of the participants say they are motivated now to get some more physical exercise: they now take their bike rather than the car, and more often go for a walk or take up sports.

5.2 Change in the Food Panorama

With nine participants present in the second consultation, the fattening food has been moved, it is farther away, out of the picture, very high, diagonally next to or behind them.
With two participants, chocolate is still nearby, just out of reach.
One participant has the problem food much further away but still in front of herself at eye level. Another participant noticed that the fattening food was again near at hand after a birthday and she has shifted it back. It's only chips she still has close by but no big family bag of potato chips anymore; she now has a small bowl in view. Participant 11 noticed that the food came into view incidentally, but now she could easily switch it back.
With participant No. 1, with whom no intervention was done in the first consultation, the image has not changed.

5.3 Change in the image of overweight

With two of the ten remaining participants, the images remained the same. With the eight others the images have changed.

6 The third and fourth consultations

With everyone we have looked deeper and worked as in the first and second consultation. Two participants stopped after the 2nd consultation, No. 2 had to undergo surgery and No. 10 could not keep her commitments due to training and work. With these two there have still been two appointments by phone.

7 The fifth and last consultation

7.1 Behavioural change and weight loss

Nine of the ten remaining participants have had no binges anymore.
The eight participants who were at all five appointments are losing weight without dieting. They all pay attention to what they eat: They eat a lot more healthily, eat less and do not eat fattening products anymore, just like the slim women whose spatial representation of food was surveyed.
Eight participants also exercise more or have taken up sports.
The participants do this without forcing themselves to do so. It has now become normal.

7.2 Change in the food panorama

Among all eight women, the food panorama has changed completely, resembling the spatial food images of the slender women.
The fatteners are far away, out of sight. Healthy products are nearer. Portions are smaller. If they eat something unhealthy, then it is occasionally and in a small amount.

7.3 Change in the image of overweight

The image of the overweight belt from the first consultation has changed dramatically. It is thinner, has a different colour, has a different shape, such as a dancing doll, a tiny protective wall or a little internal angel. They all have a positive feeling going with it.
All eight remaining participants now have a positive self-image.

7.4 The participants who stopped

Participant No. 2, who had to stop because of an operation, reported during the phone appointment (instead of the third consultation) that she'd had no binges anymore and had

lost weight as well. At the last phone appointment, she still had no binges but had not lost weight due to the (abdominal) surgery.
Participant No. 7, who stopped after the first consultation because of personal circumstances, still has binges and hasn't lost weight.
Participant No. 8, who could not attend anymore because of moving house, has no binges anymore but hasn't lost weight.

7.5 Participant No. 10 as an example of a common pattern

Participant No. 10 stopped after the second appointment because she was unable to meet her appointments
In this participant, who, instead of a surrounding belt, had a pile of fat at 3 m. distance, more conscious develops in the first consultation, but, in my opinion, not yet of the core problem. She still suppresses her emotions and doesn't dare or want to look at them. She also wants to lose only some of her weight and said this at the second appointment. Only her belly fat was allowed to vanish, the rest of the fat (especially breasts, buttocks) had to remain, because that is what she likes.

This exception provides immediate insight into the limiting beliefs that can make this therapeutic work even more complex. This participant hasn't come back after the second appointment. She has started working out and has lost weight (phone appointment instead of a third consultation) but during the last call, after 8 weeks, she said that she occasionally had binges again and had put on half a kilo.
More awareness was apparently not enough for her, which was already clear to me in the first consultation because she had a lot of resistance to facing her own emotions. The overweight that she saw as a pile of fat at three metres distance was pretty dissociated, which made it difficult to contact it.

With Six-Step Reframing she was indeed able to lose weight, though only for the time being and only partly, but because she could not (yet) look at the core (the real problem, suppressing emotions and the cause of it), she could not sustain the new behaviour.

This is a usual pattern when people with binges and overweight try to lose weight merely by behavioural change, which means by dieting or another eating pattern. In the same way, sports and more exercise are often temporary tools.
Fully motivated, they start to diet or sport but do not keep it up. This is generally experienced as a struggle. The part that unconsciously wants to remain overweight is going to sabotage these behavioural changes.
For example:
The participants could not sustain the diet, started binging again and said that they had sported or walked more, but had lost motivation after a while. They used excuses, were too busy, no babysitter for the children or got physical complaints, so they had to stop exercising.
This sabotage becomes apparent when the participants in the first consultation begin to imagine the overweight and communicate with it. Then they understand why they unwittingly don't really want to lose weight.

8 Conclusion after the first pilot

- By visualizing the food in space, the basic process of Mental Space Psychology, it can quickly become clear where in mental space someone sees it. Is it much and nearby, or...?
- If the image of the food won't move, or only temporarily or for a small part, it becomes clear that there is a problem.
- By imagining the overweight one is confronted with the fact that it is something that belongs to them and cannot just be whisked away.

If the participants are willing to look at the underlying cause and are prepared to work at it, the binges will disappear and the overweight can be done away with.
There will be no resistance to having a normal diet and losing weight. Now a diet can be followed without a problem. Moreover, one is now also motivated to exercise more or to take up a sport.

Phone appointments in May 2018
After the fifth consultation in May 2018, the participants still haven't had any binges and are slowly losing weight.
The subsequent phone appointments were in September 2018

Phone appointments in September 2018
Had a talk with participants 3, 6 and 9 on 10-09-2018: They have not had any binges anymore.
They have lost some more weight and are now staying at a weight they are satisfied with.
They are feeling fine. Have more inner peace.
At the end of September some more phone appointments with No. 1, 2, 4, 5, 6, and 9.
Nos 11 and 12 didn't have their last appointment until September 2018, because they had started later.

Overall overview of the results of the survey listed according to individual participant

Participant No. Age/Height, Binges	1st consul-tation	1st consultation	1st consul-tation	2nd consultation	2nd consultation	2nd consul-tation	5th consultation	5th consultation	5th consultation	5th consultation
⇩	**weight**	**Image food**	**Image overweight**	**Image food**	**Image overweight**	**binges**	**Image food**	**Image overweight**	**weight and binges**	**Behaviour change**
Participant 1 20 / 1.66 yes	114.5	Dist. 20-80	Belt around 50 cm thick	As first consultation	As first consultation	yes	Everything is behind her	1cm, at 60 cm distance	111 kg No	Positive self-image Better eating pattern
Participant 2 31 / 1.74 yes	104	Dist. 20-80 cm	Belt around 25 cm thick	Distance between 2 and 5 m.	Thinner 8 cm thick	No			98 kg; After the 2nd time stopped (operation) No	
Participant 3 38 / 1.66 yes	83	Distance 20-80 cm	Belt around 10 cm thick	10 metres behind her	Thin and supple 2/3 cm thick	No		Robust, transparent 2 cm	79 kg, 1 size smaller. No	More peace Eating healthier Sport
Participant 4 45 / 1.67 yes	93	Distance 20-80 cm	Belt around 10 cm thick	Distance between 3 and 5 m.	Slimmer and 5 cm thick	Less	Everything is behind her	Belt is gone, internal little angel	89 kg No	More exercise, healthier food
Participant 5 31 / 1.70 yes	103	Distance 20-80 cm	Belt around 17 cm thick	Everything behind her out of reach	Is now wall 1.50 m. high at 45 cm distance	No	Everything is behind her at 6 to 7 m.	Wall is 30 cm high, 8 cm narrow, distance 1m.	88 kg No	Positive self-image Sport
Participant 6 28 / 1.72 yes	114	Distance 20-80 cm	Belt around 30 cm thick	Diagonally behind her	Thin 1 cm and also as a dancing doll	Less	Everything is behind her or/and far away 50 to 100 m	Belt is now small layer on belly. Puppet is clearer and stronger	112 kg, no Doesn't think about eating anymore	Positive self-image Can express feelings More exercise Other job, cheerful
Participant 7 44 / 1.73 yes	134	Distance 20-80 cm	Belt around 10 cm thick	Stopped, pers. circumstances Called		Yes				
Participant 8 43 / 1.70 Yes	81.5	Distance 20-80 cm	Belt around 10 cm. thick	Stopped, moved house Called		No				
Participant 9 27 / 1.67 yes	81	Distance 20-80 cm	Belt around 20 cm. thick	Everything from 2 m. distance	As in the first consultation	No	everything from 3.5 m.	Belt 5 cm. thick	78 kg No	More exercise More confident, can express emotions better
Participant 10 24 / 1.67 yes	84.5	Distance 20-80 cm	Big heap of fat of 30 cm at 3m distance	Fatteners from 3 m. distance	Small heap 20 cm at 4 m.	Less, no sweet stuff anymore			78; after the 2nd time stopped (job too busy)	Sport Awareness of emotions

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Participant 11 52/1.71 Yes, every day	120	Distance 5 -60 cm	2 large bags of fat on the ground at 10 cm and 50 cm	Food is gone, sometimes it comes back but she puts it away again	Bags are gone, now half a rubber ring on belly 20 cm thick	No	Only 3 normal meals at 1 m	No more fat to be seen She sees herself slim	115 kg No	Much more peace Conscious of own emotions
Participant 12 27/1.73 yes	79	Distance 60 -120 cm At eye level in front of her	As a shadow of herself at 2 m distance	Food is farther away and moved to the side. It can now be moved easily	Shadow has changed into a photo from a period when there were problems.	No	No problem food anymore in picture, only healthy products, but not in front of her	No longer sees overweight	76 No	Can be more herself. Positive self-image. Better dealing with emotions. Calmer

NLP Concepts and interventions

You can find a lot on the web. Here just a few examples:
https://www.2knowmyself.com/neuro_linguistic_programming/nlp_techniques_and_concepts
http://www.downloads.imune.net/medicalbooks/Neuro-Linguistic-Programming-For-Dummies.pdf
https://www.nlp-techniques.org/

New Behaviour Generator

Technique that teaches new behaviour by first imagining the desired behaviour at a distance (dissociated: you see yourself or someone else doing it). Then you evaluate this new behaviour, then you experience it – if necessary after further refinement – associated and you tune it to the future.

Part

A person can be seen as a group of sub-personalities, each having their own world model and subjective experience. In this metaphor, such a sub-personality is called a 'part.'
Example: You have wanted to tell off your boss for years, but you have never got round to doing it. 'Something' keeps you from doing it. Maybe a part that is afraid to have an argument.

Resource

Also called: 'power' or 'inner power.' A helpful internal state, internal representation of external behaviour or a combination thereof. The ability or method that solves a problem.
Example: When writing a novel, 'creativity' is a resource.
Note: A person or a thing (for example, a book) can also be an -external – resource.
The resource is an element of 'NLP talk'.

Six-Step Reframing

Six-Step Reframing is a classic NLP Intervention (Bandler & Grinder, 1979) for behavioural change. Its objective is to find a less disturbing form of behaviour, and have it used to achieve the positive intention (the sought after behaviour).

Submodalities

Finer distinctions within the sensory modalities: V, A, K, O and G (standing for visual, auditory, kinesthetic, olfactory and gustatory, or sight, hearing, touch, smell and taste). Modalities are sensory aspects of inner representations (of thoughts and feelings) and submodalities are aspects of those modalities.

Examples: Does an image have much or little contrast? Is a sound loud or soft? Is a scent fresh or stuffy?

Compulsion Blowout Technique (developed by Richard Bandler in 1998

https://excellenceassured.com/nlp-training/nlp-certification/compulsion-blow-out

Dissociation

You experience an event (in the past, present or future) as from a distance. You see and hear yourself feeling, thinking and doing.

Example: You think back to the summer. You see yourself sitting in a garden chair. You hear yourself thinking there: "I'm nice here" and you see yourself drinking fruit juice.

Three-Place Dissociation

Sometimes referred to as ' two-step dissociation' (the two steps take place between the three points...).

Visual/kinesthetic dissociation with three positions:

1. The – often traumatic – experience itself. Is usually projected on a screen or otherwise framed.
2. Observer of the experience. Often the one who is watching the film.
3. Observer of the Observer. Often the one who projects the film and can look at both the observer and the screen. See: V/K dissociation.

Reframing

To change the meaning of a phenomenon by placing it in a different frame.

Example: Statement: "I dare not show my emotions." Reframe: "So you could earn a fortune playing poker!"

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Positive Intention

NLP assumes that every behaviour, however bizarre or destructive, has a positive intention.

Example: Someone who wants to commit suicide may have the positive intentions to redeem his family from his depressive moods and to give himself peace.

Consulted sites and literature:

In the following I quote, from diverse sources, some partly overlapping definitions and descriptions of the Binge Eating Disorder (BED)

https://www.nhs.uk/conditions/eating-disorders/

Binge Eating Disorder (BED)

- Recurrent binge-episodes. A binge-episode is characterized by both of the following characteristics:
  - Eating in a limited period of time (for instance, within a period of two hours) an amount of food that is definitely larger than what most people would eat within the same period and under similar conditions.
  - The feeling of not being able to control the eating during the episode (for example, the person feels he or she is helpless to stop eating, or helpless to control what and how much he or she eats).
- The binge episodes are associated with three (or more) of the following characteristics:
  - Eating much faster than normal.
  - Keeping eating until an unpleasantly full feeling arises.
  - Consuming large amounts of food without any physical appetite for it.
  - Eating alone, out of shame about the amount being consumed.
  - In hindsight being disgusted by yourself, feeling gloomy or very guilty.
- One is clearly oppressed by the binges.
- During 3 months the binges occur on average at least once a week.
- The binges are not accompanied by recurrent inadequate compensatory behaviour (e.g. vomiting), such as in the case of bulimia nervosa. When binges occur outside the context of bulimia nervosa and anorexia nervosa, they must be considered to be BED binges

https://www.nhs.uk/conditions/binge-eating/

What is a binge disorder?

A binge disorder or 'binge eating disorders' is broadly similar to bulimia nervosa. There is one major difference. Clients with bulimia try to get rid of the food after the binge. Clients with binge disorder do not. This increases their weight, which makes the binge disorder visible.

What is a binge?

During a binge, the clients with a binge disorder feel that they have completely lost control of their eating behaviour. They stuff themselves in a short time with a large amount of food (often snacks, chocolates and other fatty foods) and can't stop. These clients derive little pleasure from the binge: they don't even particularly taste the food. Afterwards, they feel weak and guilty.

Binges: a fixed pattern

The binges often follow a fixed pattern. Because they are ashamed of their behaviour, they have those binges always alone, and in secret.

Shame

Clients with a binge disorder are ashamed of their binges and of their overweight. Because they usually are very heavy, the chance of discovery is great. Clients with a binge disorder are quicker to seek help than people with bulimia.

Course of binge disorder

As a separate diagnosis, the binge disorder hasn't yet been in existence that long. Therefore, at present not enough is known as yet about the course of the disorder and the chances of healing.

Sugar

https://www.nhs.uk/live-well/eat-well/how-does-sugar-in-our-diet-affect-our-health/

Why do you get more appetite for sweet?

If you eat sugar, more glucose will enter the blood. The blood glucose (sugar) level increases accordingly. As a reaction to this, the pancreas makes the hormone insulin. This substance ensures that our body cells, such as the muscles, can absorb glucose. The blood sugar level will decrease again. This process – sugar spike, sugar drop – is fast. A sugar spike in your blood gives a nice feeling, but from a quick drop or a low sugar level you can get an empty and hungry feeling and get grumpy. And that feeling can quickly be snacked away with... even more sweets. It is well known that eating too much sweet stuff makes for overweight, something that almost half of the adult Dutch suffers from.

Yo-yo effect

https://www.weightwatchers.com/util/art/index_art.aspx?tabnum=1&art_id=222&sc=3047

Yo-yo effect meaning & definition
In case of overweight, losing weight is an appropriate way to reduce the risk of complications such as diabetes and cardiovascular disease. However, after losing weight, many people revert to their old weight. If the cycle of losing and gaining weight repeats, it is called the yo-yo effect.

Studies indicate that over 50% of the people who have reduced their weight by 10%, are returning to their old weight after two years. Numerous factors play a role. Maintaining the weight can require adjustment of the way one leads life, one's lifestyle behaviour, such as paying better attention to the amount of calories that one takes in, and increasing physical activity. It requires a proper self-discipline and perseverance to keep up such changes in lifestyle behaviour for longer periods of time. Regularly on the scales, or support through social media may help.

Furthermore, psychic factors may be of interest, such as food addiction or experiencing stress in everyday life. The type of diet gets attention, too. The crash diet seems suspicious, because the short time in which one loses weight is not enough to change one's lifestyle. However, contrary to what is commonly thought, scientifically no difference has been established between a fast and a slow diet regarding the likelihood of a renewed putting on of weight. However, a protein-rich diet, which saves the muscle mass, gives a slightly better chance of weight retention after losing weight.

It has recently been shown that biological factors are also involved. Certain hereditary factors affect the probability of weight increase after losing. It has also been found that fat cells in the body develop cell-stress while losing weight. The level of stress is on average higher in people who gain weight once more after the diet. It is thought that fat-cell stress leads to a heightened feeling of hunger, making it more difficult for some people to stay on weight.

https://www.autismspeaks.org/ppd-nos

http://www.progressiverelaxation.org/

https://en.wikipedia.org/wiki/Mindfulness

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