

# Long-term Weight Management and Self-Acceptance: An Ideal Union!

Myles S. Faith, Ph.D.

Does this scenario sound familiar to you? You're sitting around the house, feeling bored. You feel like doing something; you think of phoning someone, but there's no one available. So you walk around your place and, sooner or later, mindlessly amble into the kitchen where a treasure chest of food awaits your arrival.

Without much thought, feeling bored and lonely, you start munching on some cookies, candy, or ice cream. At first you tell yourself that you'll just have *one* cookie, *one* candy, or *one* scoop of ice cream. One scoop leads to two, two leads to three, and before long, the box is empty. This habitual behavior proceeds with little thought and little control. Before you know it, you've done it again! You've overeaten that forbidden snack.

Now the guilt kicks in. After all, you *should not* have eaten that smorgasbord of snacks! It's a *catastrophe* that you binged! You've let yourself down once again!

This scenario is a very common one and is typical of the pervasive problem of controlling overeating. Weight management, or "fat fighting," is a chronic challenge for millions of Americans today. Americans are spending billions of dollars in all-too-often futile attempts to lose weight through commercial diet centers, diet pills, and even liposuction surgery (Brownell, 1991; Brownell & Wadden, 1992). As overweight individuals and dieters well know, trying to lose weight is an extremely difficult task fraught with relapse and failure. Despite numerous setbacks, however, individuals trying to lose weight maintain their hope and belief that body change *is* possible with enough time and effort. Fortunately, advances in cognitive-behavioral therapy have provided specific techniques which have proven helpful for weight management. These techniques emphasize specific behavioral strategies, as well as strategic changes in one's thinking and self-talk.

Using rational emotive behavior therapy (REBT), the best-known of the cognitive/behavioral approaches, you can learn to better manage your weight and avoid emotional upset at the same time. In a nutshell, this involves three important steps: (1) Learning to **stop** automatic and overlearned *behaviors*, (2) Learning to **think** about what you're telling yourself and to change self-defeating thinking; and (3) Learning to **behave** and **feel** differently. In sum: **Stop –Think –Feel and Behave**. This is far from easy. But many people don't even try it—they simply throw in the towel, resigning themselves to their familiar eating patterns and thinking of themselves as hopelessly lazy and disgusting.



## The Relationship between Thinking and Dieting

Can your thinking really help or hinder weight management? Recent psychological studies overwhelmingly demonstrate the answer is *yes*. People are constantly thinking—before, during and after all sorts of behaviors. Eating is no different. As we shall see, dysfunctional *thinking* helps to maintain dysfunctional *eating behaviors*. That is why it's important to get in touch with what you are *telling*

*yourself* immediately preceding your eating.

Unfortunately, many people strongly believe they aren't really thinking about much of anything when they eat, and therefore they don't bother to analyze their thoughts. Irrational thoughts therefore go unchallenged and poor eating habits continue. In the next section, we shall review the common irrational thoughts which interfere with long-term weight management. Read over these beliefs carefully, and check off the ones which best describe *your* mindset. Once you've learned to identify your dysfunctional thinking, you can learn to forcefully *challenge* these thoughts and change your dysfunctional behaviors and emotions.

REBT provides useful strategies for challenging your irrational thoughts and thus enabling you to work much more effectively on your weight management. Using these techniques, you can learn to forcefully dispute the illogic and dysfunctionality of your irrational thoughts and to replace them with healthier thoughts. Disputing your irrational thinking is hard work, but it is not impossible. It simply takes *practice*. The first step in the process **Stop – Think – Feel and Behave** is to **stop** yourself and identify your irrational thoughts. What are the common irrational beliefs that interfere with effective weight management?



### **Irrational Beliefs That Hinder Weight Management and Happiness**

There are at least four core irrational beliefs that block weight management and happiness. In the following section, each irrational belief is identified and briefly disputed. Read these irrational beliefs carefully. Which ones best describe your philosophy towards weight management?

1. “I **must** have my food when I want it, especially if it’s around!”
2. “I **must** adhere to my diet **perfectly**. Any lapses are catastrophes and mean I may as well give up dieting!”
3. “I am a **worthless person** because I am overweight!”
4. “I **must** be thin and others **must** approve of my body—and if not, it’s awful.”

---

#### **Belief #1: “I *must* have my food when it is right there and I want it.”**

---

You frequently find yourself in tempting environments, where tasty food is immediately available for consumption. You may be walking by street vendors, shopping in the market, or sitting at home alone with a welcoming refrigerator. During these times, right before you eat, you are probably saying to yourself, “I **must** have that pizza. I’ve **got to** have that candy bar. I **can’t stand** not having that food!” In other words, you are suffering from Low Frustration Tolerance (LFT): you believe you cannot **stand** to be without the desired food. And obviously, if you think this way, you will overeat.

But remember our goals: **Stop– Think – Feel and Behave**. So before you eat, stop yourself and challenge this irrational thinking. Ask yourself, “Why **must** I have this food? Is there a law written in stone saying that I **must** have it? Will I starve to death without it?” The answer, of course, is “No!” Although the food would probably taste good, there’s no reason that you **must** have it. So stop **musting** by challenging

your demanding thinking. Assertively tell yourself, “There’s no reason why I **must** have this food. I don’t **need** it. I **can stand** the discomfort!” Repeat these words whenever you’re tempted – and then immediately get away from the food (or give it away!). Vigorously learn to identify and dispute your LFT.

---

**Belief #2: “I *must* adhere to my diet perfectly. Any lapses are catastrophes and mean I may as well give up dieting.”**

---

Imagine that you’ve been successfully adhering to your diet for several days, when suddenly it’s holiday season. And during that holiday season, you overeat on the turkey, roast beef, stuffing, and desert – and boy, does it taste great! Afterwards, the guilt and anger kick in. You tell yourself that you **should not** have overeaten and that you “screwed up” your diet! All your hard work was for nothing – it’s hopeless.

On the contrary: it is the exceptional individual who does *not* encounter lapses while dieting. As a matter of fact, many people who successfully lose weight have several major lapses before they achieve more permanent weight loss. Unfortunately, many dieters tell themselves, “I *must* adhere to my diet *perfectly*. If I have one lapse and overeat, my entire diet is shot! What’s the use – I may as well stuff my face!” This kind of thinking is not true and would better be vigorously disputed. You can do so by asking yourself (then answering) the following questions:

- Where’s the evidence that my entire diet is shot because I had *one* lapse?
- Is this belief consistent with reality?
- *Must* I always perfectly adhere to my diet?

Not necessarily. No matter what kind of eating binge you’ve gone on, you can still resume your diet and successfully work towards your desired goals. But if you hold on to your perfectionism and the depression that goes along with it, you’ll needlessly be thrown off track by your lapses. So dispute and challenge these thoughts! Forcefully tell yourself, “I don’t want to lapse. But if I do, it does **not** mean that my diet is a total failure. I don’t have to be **perfect** in order to resume my efforts!”

---

**Belief #3: “I am worthless because I am overweight.”**

---

Many overweight individuals make themselves depressed because of their lack of self-acceptance and negative self-rating. They tell themselves, for example, that they are worthless because of their body shapes. Essentially, they insist on playing the self-rating game and don’t finish until they have thoroughly demoralized themselves. But is this thinking rational? Are people with excess body fat *really* worthless? Of course not!

Rulers are used to measure length. Thermometers are used to measure temperature. These are precise instruments. But how do we measure a person’s “self-worth?” With a bathroom scale? Of course this makes no logical sense. Yet, millions of people actually *do think this way*, *condemning* themselves as inferior humans on the basis of their body weight. They conveniently rate *themselves*—their whole *being*—as

failures on the basis of only one aspect of themselves – their body size and shape. They ignore the fact they have other talents or assets, and put themselves down altogether.

Remember your goal. **Stop – Think –Feel and Behave.**

Challenge the logic behind this kind of erroneous thinking. Dispute the notion that *self-worth* can be measured in terms of *body fat*. After all, if this belief were really true, then we would have to idolize anorexics as demi-gods because of their exceptionally thin bodies!

Of course this makes little sense. So instead of upsetting yourself, forcefully tell yourself, “Although I’d *prefer* to have less body fat, I am not *worth less* because of my size. I’m as worthwhile as the next person!” If you stop berating yourself, you’ll reduce your anxiety, depression, and self-loathing, and thus may find it easier to manage your weight.

---

#### **Belief #4: “I *must* lose weight and others *must* approve of my body.”**

---

Many people try to lose weight for years with little success. Some people accept this struggle without upsetting themselves. Others, however, make themselves unproductively depressed, anxious, or angry about their “terrible” struggle. What’s the difference between these two groups of people? A lot has to do with their thinking. If you fall into the second group, stop for a moment right now and get in touch with your dysfunctional thinking. What are you telling yourself?

It is something like “I **must** be thinner and others **must** approve of my body. If not, I’m **worthless.**” This kind of thinking plagues many individuals who continuously fail to reach their idealized body weight. And unless you actually enjoy the depression, anxiety, and self-loathing which accompany this thinking—and most people don’t—you would better vigorously dispute these irrational beliefs. In the last section, you were shown how to dispute your feelings of worthlessness, by asking yourselves, how does dietary failure make me worthless? It’s frustrating, but it does not reduce my inherent worth as a person!”

How do you dispute your demand that you must be thinner and have others adore your body? Ask yourself, “Why **must** I be thinner? Why **must** others admire my body?” The answer to both of these questions is that there is no reason why people must be thin and admired. In fact, much research contradicts these notions: many researchers now believe that dramatic weight loss may not be possible for everyone. This is because our genetic make-up and personal physiology may “set” some of our body weights to fall within certain ranges—say 140 to 160 pounds. Therefore, attempts to reduce weight through crash diets or other means may not be possible for some people.

This does *not* mean that weight loss is impossible. However, it does mean that people had better have *realistic* goals about weight loss. It may be genetically or metabolically impossible to transform some people into Jane Fonda or Sylvester Stallone! Remember that *any* weight loss represents progress and should be taken within the context of your personal weight history. Don’t minimize your progress and upset yourself. If you would like to lose weight and have others appreciate your appearance, then by all means pursue these *desires* and goals. However, if you transform your desires into **musts** or **demands**, then you will needlessly upset and defeat yourself.



## Behavioral Strategies for Weight Management

An armament of behavioral strategies can definitely facilitate weight management. Listed below are some of the most effective strategies to be used in conjunction with the disputation of irrational thoughts.

*Self-monitoring.* Where and when do you overeat? People often believe that there is no pattern or consistency to their eating habits. However, this is often a fallacy. Purchase a small notebook and keep a record of those times when you overeat. Were you angry, anxious, or happy? Was anyone else present? What time of the day was it? Remember, eating habits cannot be changed until you first identify where and when you typically overeat.

*Exercise! Exercise! Exercise!*

Simply put, energy expenditure and physical exercise is one of the best predictors of weight management (Dubbert, 1992). Join a gym and go a few days each week. Or simply take more brisk walks. Purchase an inexpensive exercise bicycle or other equipment for your own home. Small changes in lifestyle can go a long way!

*See a doctor if significant weight loss is desired,* especially with medical conditions such as diabetes. General health status may set certain restrictions on exercise and weight management.

*Plan meals and shopping lists ahead of time.* Remember, if the food is not in the house, it cannot be eaten! Be strategic.

*Reward yourself for sticking to your diet.* Put the money you normally spend on snacks and extra meals into a special box. At the end of the week, spend the money on a small gift for yourself—a trip to the movies, a present for someone special, a balanced meal at your favorite restaurant.



## Summary

REBT and other cognitive behavioral techniques offer a rich arsenal for weight management and fat-fighting. This pamphlet has introduced you to some fundamental concepts and strategies. Through discipline and hard work, some weight loss is possible. But be realistic in your desires, and don't play The Self-Rating Game. Challenge self-defeating, irrational thoughts. Remember to **Stop – Think – Feel and Behave**. Don't put yourself down, no matter how easy it is to do. After all, when was the last time your self-condemnation helped you lose one pound?

---

## REFERENCES

---

Brownell, K. D. (1991). Dieting and the search for the perfect body: Where physiology and culture collide. *Behavior Therapy, 22, 1-12.*

Brownell, K. D. & Wadden, T. A. (1992). Etiology and treatment of obesity: Understanding a serious,

prevalent, and refractory disorder. *Journal of Consulting and Clinical Psychology*, 60, 505-517.

Dubbert, P. M. (1992). Exercise in behavioral medicine. *Journal of Consulting and Clinical Psychology*, 60, 613-618.

Wooley, S. C. & Garner, D. M. (1991). Obesity treatment: The high cost of false hope. *Journal of the American Dietetic Association*, 91, 1248-1251.

## HELPFUL BOOKS AND TAPES

### Books:

Anger: How to live with and without it (Albert Ellis, Ph.D.)

How to Stubbornly Refuse to Make Yourself Miserable About Anything  
(Albert Ellis, Ph.D.)

Overcoming Worry and Fear (Paul Hauck, Ph.D.)

### Audiotapes:

Conquering Low Frustration Tolerance (Albert Ellis, Ph.D.)

I'd Like to Stop, But. . . (Albert Ellis, Ph.D.)

Unconditionally Accepting Yourself and Others (Albert Ellis, Ph.D.)

What Do I Do with My Anger: Hold It in or Let It Out?  
(Ray DiGiuseppe, Ph.D.)

*These books and tapes are available from the Albert Ellis Institute.*

*Phone or write for catalog and ordering information.*

Pamphlets are by Albert Ellis (and others where indicated). Prices include postage.

<b>Individual pamphlets</b>	<b>\$1.50</b>
<b>10 copies of one title (P001)</b>	<b>\$5.00</b>
<b>50 of one title (P002)</b>	<b>\$20.00</b>
<b>100 of one title (P003)</b>	<b>\$35.00</b>

**P240** A-B-C's of RET

**P306** Achieving Self-Actualization

**P239** Break Out from the Vicious  
Circle of Anxiety/Dryden

**P304** Cognitive Career Counseling  
for Women/Richman

**P244** Coping with Depression / A. Beck

- P247** Essence of Rational Therapy
- P281** Healthy and Unhealthy Aggression
- P251** How to Be Sexually Assertive  
J. Wolfe
- P307** How Not to Give Yourself a  
Head-ache When Your Partner Isn't  
Acting the Way You Want/Wolfe
- P282** Humanism and Psychotherapy:  
A Revolutionary Approach
- P283** Maintain and Enhance RET Gains
- P255** Nature of Disturbed Marital  
Interaction
- P256** Neurotic Agreement in Psycho-  
therapy: Treating a Phobia/Hauck
- P257** The No Cop-Out Therapy
- P308** Overcoming Self-esteem  
Ellis & Mills
- P258** Overcoming Test Anxiety/Oliver
- P259** Overcoming Procrastination  
Knaus
- P285** Psychotherapy and the Value  
of a Human Being
- P302** Rational Divorce Counseling  
Walen & Bass
- P312** Rational-Emotive Imagery/Ellis
- P264** Rational-Emotive Therapy
- P305** Rational-Emotive Therapy and  
the Christian Client/Warnock
- P288** RET as an Effective Feminist  
Therapy/ J. Wolfe
- P265** RET and Emotional Education
- P269** RET Theory of Depression  
Hauck
- P241** REBT Today
- P287** Rational Psychotherapy
- P290** Rational Effectiveness Training:  
Facilitating Management and  
Labor Relations/Ellis & DiMattia
- P266** Rationality in Sexual Morality
- P292** Sexual Intercourse:  
Psychological Foundations
- P270** Showing People They Are Not  
Worthless
- P272** Rational-Emotive Therapy:  
Classroom Applications/Vernon
- P273** Techniques for Disputing  
Irrational Beliefs
- P275** Unhealthy Love: Causes and