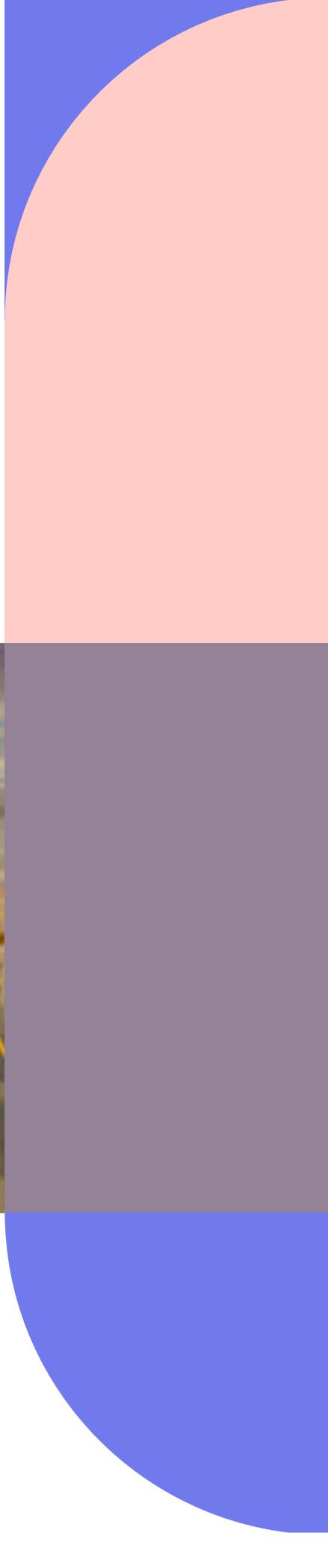


Resilience

macklin **METHOD**

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WEIGHT MANAGEMENT PROGRAM BEHAVIORAL TREATMENT MODULE



In this final module, you will be asked to consider that SETBACKS are a natural consequence of any weight management effort and that success is determined not by whether or not you experience SETBACKS but by how you respond to them. This is the principle of resilience. Here you will be invited in a formal way to work on resilience.

PROCESS

The process of resilience skill development is:

- 1 Recognizing the thoughts and emotions that automatically arrive in the aftermath of a SETBACK; thoughts that speak poorly about you and your ability to manage your weight.
- 2 Learning to challenge these thoughts is the process of generating resilience. You will discover how changing your thinking will help you recover from SETBACKS and maintain your motivation to adhere to your weight management efforts.

You may remember from earlier that **adherence**—the degree to which participants are able to maintain the changes they have made—is most strongly associated with weight loss and improved health. Resilience is a key skill in determining adherence. Again, like WANTING and restraint, the capacity to practice resilience is considered a [variable trait](#) and is highly heritable.

Another way to think of this is that SETBACKS can negatively affect adherence. The following are three common SETBACKS. When you read them, try to picture yourself in the immediate aftermath of each one, and imagine how you feel.



EVENT

1. You are in the aftermath of an off-track eating or drinking episode
2. You have just stepped on a scale and you are seeing a result that is not in your favour
3. You have just seen your image in a mirror or photograph or any reflection



THOUGHTS

Next, automatic thoughts happen that:

- Speak poorly about you as a person
- Speak poorly about your capacity to succeed in managing your weight



EMOTIONS

- Those thoughts are immediately followed by negative emotions such as frustration and sadness
- If unchallenged, these events leading to automatic thinking leading to negative emotions challenge adherence by generating **demotivation**

But what if SETBACKS were to lead to motivation rather than demotivation? This is the skill of resilience and the object of this module.



In the restraint module, you were invited to **discover, challenge** and **ultimately change** autopilot thoughts, also called 'permission thoughts.' In this module you will see an exact parallel. You will be invited to discover, challenge and ultimately change another set of automatic thoughts.

Remember that we have two thinking systems: one that is fast and automatic, and a second that is slow, deliberate and forward thinking. Here, the fast thinking Autopilot generates thoughts that come when you are in the aftermath of a SETBACK. Where do these thoughts come from? Why are they there?

These thoughts are the product of your past weight loss efforts (if you have not tried to lose weight in the past, these may not be present and may not be an obstacle). If past weight loss efforts have been challenging or numerous it is quite likely that you have developed a library of automatic thoughts that:

- Speak poorly about you as a person
- Speak poorly about your capacity to succeed in managing your weight

These negative thoughts use your past weight loss efforts and failures as evidence against you. The predominance of these thoughts will also be the consequence of genetics, the presence of depression or anxiety, and even of childhood experiences. In what follows you will learn the proven method of developing and strengthening resilience.



Three-step process for resilience

Resilience is built using cognitive-behavioural therapy (CBT). The actual tool of CBT is called cognitive restructuring; literally changing one's thinking.

The **first step** in the cognitive restructuring process is discovering your automatic post-SETBACK thinking.

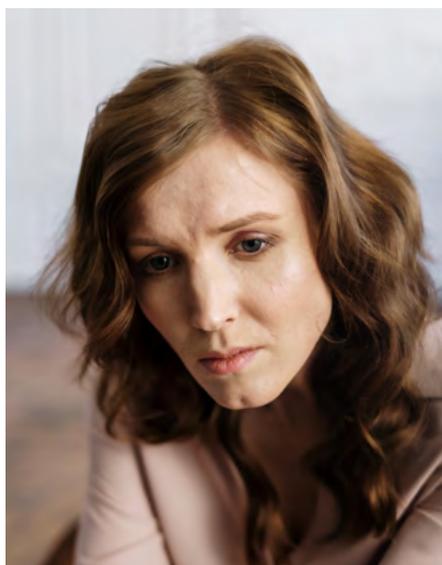
The **second step** is challenging those thoughts with evidence,

The **third step** is creating new resilience thoughts based on your evidence.

With practice, these new resilience thoughts may become the new response to SETBACKS, displacing negative thinking.

Let's explore these steps in more detail.

Thinking unique to an overeating or overdrinking episode



STEP 1: Discovering self-critical thoughts

Capturing self-critical thoughts sounds easy enough but in fact, learned self-critical thoughts, as discussed earlier, are automatic and fleeting and often go unnoticed.

Self-critical thoughts have unique characteristics.



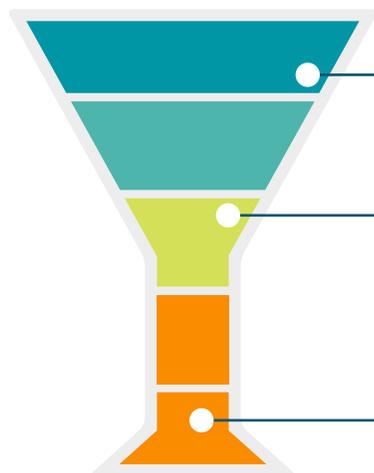
They immediately follow SETBACKS



They are automatic, not controllable.



They will speak poorly about you as a person and your ability to sustainably lose weight.



The following are examples of what self-critical thoughts may sound like. Identifying self-critical thinking looks like a funnel.

At the top are a bunch of thoughts becoming less and less as you get lower, and as little as one root thought at the bottom.

At the top, in the aftermath of a SETBACK you may hear:
“I should not have done that.”
“What was I thinking?”

So what does that say about you?
It says I am weak—I should be stronger
It says I don’t have enough willpower
It says even when I do well, eventually I mess up
It says even when I try hard, this does not work

What does this say about the likelihood of succeeding long term?
It says I can’t; It says I won’t succeed; It says this is too hard, and I can’t do this
(root thought).

This last thought at the bottom of the funnel is called a root thought. In the aftermath of SETBACKS this is an exceedingly common root thought.



STEP 2: Where is the evidence?

Fortunately this second step in resilience development is not necessarily easy but is certainly very straightforward.

Ultimately you may realize that the evidence you hold that supports your thinking and your root thought is based on your past weight loss experiences and failures. So, for a moment think about your past weight loss efforts.

In the past when you were provided an ethical, comprehensive and effective behavioural weight management program over a long period of time by trained health care professionals, potentially combined with effective and safe medication... how did it go? It is very likely that your answer to this question will be, "I have never experienced that before." But you see the bolded question above is the actual treatment for the real medical condition you live with.

If you have never been comprehensively and effectively treated for the real condition you live with, this brings up a very important question!

Is it possible that your past weight loss efforts are inadmissible evidence as to whether you can effectively and sustainability lose weight? Can you challenge the thoughts and root thought above based on the fact that you have never been effectively treated in the past?



STEP 3: Creating new resilience thoughts

This last step sets you up for thinking differently in moments of SETBACK. In place of self-critical thoughts, could you see yourself thinking differently? Could SETBACKS be followed by thoughts such as these?

“I can view this as a reminder that this is difficult and that SETBACKS are inevitable. I know that how I do long term will not be determined by my SETBACKS but by how I respond to them. I know the automatic thought in this moment revolves around me not being able to succeed, but I also know that thought is based on my past. I have never been supported with a comprehensive behavioural treatment. I have never in the past been properly supported by safe and effective medication.”

As confidence builds you may encounter thoughts in these moments that sound like:

“I know what I am capable of. I know when I do it, it works. I know what to do and I know how to do it. I know the pathway that works for me and is still very enjoyable and at a level of effort that is sustainable. Let me roll up my sleeves and try to understand why this SETBACK happened. Let me get support.”

From demotivation to motivation: all about the emotions

There is a truism in psychology that thoughts lead to emotions that lead to behaviour. If unchallenged, the original self-critical automatic thoughts generate emotions such as frustration, disappointment, anger, sadness and feelings of failure. These emotions ultimately lead to demotivation and a single SETBACK can set you up for more SETBACKS and an unfortunate demotivational cycle can begin.

Put simply, by identifying, challenging and replacing the automatic thinking, SETBACKS may become a source of motivation and a golden opportunity toward learning and progress and ultimately success.

There are many aspects of weight management that you do not have control over, such as genetics, your upbringing and conditioning around food, the overall food environment that surrounds you, and how strongly your brain defends against weight loss. Having said this, resilience development is a skill that you can roll up your sleeves for and work on. You may not be able to control whether or not SETBACKS happen on your path to your best weight, but to a significant degree you can control how you respond to them. The skill of resilience can be developed progressively and the consequence is adherence, the key predictor of long-term success.



Thinking unique to the scale **SETBACK**

Here are some common scenarios related to the scale that can generate negative thinking and emotions and demotivation.

Scenario #1: Glycogen



One higher calorie meal (or day) just undid weeks' worth of hard work!

You have been losing weight quite steadily, and as can happen, a day passes where you eat and/or drink a little (or a lot) more than usual. You step on the scale the next day and the number is not in your favour. Maybe your weight is not down from your last weight as you had hoped. Maybe it is up a little. Maybe it is up a lot.



Possible emotions in this scenario:

Frustration, disappointment, anger.



Common thoughts leading to these emotions:

"Ugh, #@!*#@, I was doing so well and I blew it. I've set myself back weeks. Here I go again. I should have done better. I'm not strong enough. Clearly I can't do this (root thought)."



What you need to know

The most common cause of the weight result in the scenario above is water. Really. Fat does not go up and down very quickly at all. Almost all fluctuations in weight and certainly the one above will be caused by changes in something called glycogen. Glycogen is the "other" fuel that we use in addition to fat and it is stored in our liver and muscle. Glycogen is also very heavy because it is surrounded by water. In fact, it increases the size of your liver and muscle and is the reason someone will often feel bloated in such a scenario. Fortunately, glycogen spikes usually disappear within 48 to 72 hours. For a full understanding of the significance of glycogen shifts, what they are, why they happen and what to expect, please refer to the Glycogen and Weight Fluctuations resource.



Changed thoughts consistent with long-term weight loss:

"This rise in weight is not fun to see but I know what this is. I know fat does not fluctuate like this. Reviewing my eating, there is no way I took in an extra 10,000 calories more than I burn, which is what it would take for this to be fat gain. I had one day of extra calories that I really enjoyed at a wonderful dinner party. It was an experience I really valued and would do again. I know that within a couple of days my weight will be back to where it was or lower, as I've experienced so many times in the past."

Scenario #2: Best weight



The dreaded plateau!

You have been losing weight steadily for seven months but the weight loss has been getting slower and slower until it becomes more and more clear that you are not losing anymore. Despite your best efforts, each time you get on the scale the number is fluctuating within the same narrow range.



Possible emotions in this scenario:

frustration, disappointment, anger, feelings of failure.



Common thoughts leading to these emotions:

"This is not working anymore. I've plateaued. This always happens to me. I can lose but then I can't anymore. I need to change things. I should be stronger. Clearly I'm not doing as well as I was just months ago. My will power is lacking. I'm not good enough, I have failed."



What you need to know

The following concept is truly fascinating and strikingly unfair. When you lose weight your brain will respond by initiating more and more drive to consume calories. This happens because your brain senses fat loss as a signal that the food supply has been interrupted by famine or drought (a common occurrence 20,000 years ago). Weight loss makes you think more about food, makes you want food more and makes fullness come more slowly. As you learned in the expectations module, this is why the dreaded plateau happens. Except, as you may already know, we don't call this a plateau, we potentially call this your "best weight." Best weight is the weight at which you naturally land when living your healthiest but still enjoyable lifestyle. See the Expectations module for a more detailed description of the important concept of best weight.

Research tells us that individuals arriving at their best weight are in most cases eating between 600 and 800 more calories per day than when they began their weight loss journey, and often individuals are minimally aware of the difference. This is how automatic and subconscious our appetite system is. Scary and unfair but very survival-promoting and valuable 20,000 years ago.



Changed thoughts associated with long-term weight loss: "This is not fun to see and I actually thought I could lose more but I get it. If I wanted to live at a lower weight I would need to cut out stuff that I value. I am not taking in swaths of extra calories that I could happily eliminate for the rest of my life and this is what it would take to permanently lose more. This is the least I can take in while still enjoying my life. I have lost what I am told is a significant percentage from my all-time high, and from a health and quality of life perspective I am way better off. After all, this is not about a number. This is about being in line with my values. This is about me being least prevented by my weight and my health from doing all the things that I want to do long into the future. My success at this is based on an adherence to the same level of effort long into the future."

Scenario #3 – Calorie underestimation



Tracking a calorie deficit but not losing

In this scenario, you may be early on in your effort and believe you are eating less or are tracking on target for what should be creating a calorie deficit, but you are not losing weight.



Possible emotions in this scenario:

frustration, disappointment, anger, feelings of failure.



Common thoughts leading to these emotions:

“This is not working. I should be doing better. Others can lose weight but I can’t. I’m failing. This is never going to work.”



What you need to know:

Estimating calorie intake is difficult to do accurately. Even the most experienced, honest and diligent trackers tend to underestimate their intake. In fact, intake is so underestimated on average that it has been argued that self-reported calorie intake has no place in justifiable research and we must look elsewhere to estimate how many calories research subjects are eating! One study showed self-reported calorie intake to be underestimated by as much as 800 calories per day. Other evidence has suggested an association between struggling with weight and underestimating calorie intake.

The bottom line is there is no natural, easy way to estimate calorie intake and there are significant automatic processes in the human brain that will create systematic underestimations of calorie intake, in some more than others. If this sounds like a reason to not track calories, it isn't. Self-monitoring is clearly associated with increased awareness, accountability and better outcomes, but we all need to be aware of its limitations.



Changed thoughts associated with long term weight loss:

“This is frustrating but I understand that estimating calorie intake is difficult to do accurately and that underestimation is very common. Tracking what I’m eating does make me stop and think about the choices that I’m making, which is good, but there may be extra calories sneaking in somewhere. I’m early on in my treatment and part of this process is figuring out when/where overeating is happening. I’ve learned that this situation is actually quite common and fortunately I am now supported by a behavioural program plus or minus effective medication to help me establish and maintain an overall calorie deficit over time.”

Thinking unique to the body image SETBACK

You have now learned that the aftermath of an off-track eating or drinking day or the aftermath of seeing a number on the a scale that is not in your favour can initiate automatic processes that lead to negative thinking, negative emotions and demotivation.

A third event that can ultimately result in demotivation is exposure to your own image.



In this scenario, we discuss the thoughts, emotions and possible demotivation that can be the consequences of:

1. Seeing yourself in a mirror or reflection
2. Seeing yourself in a photograph

First, a little background on the subject of body dissatisfaction The most common reasons given for wanting to lose weight are related to appearance, satisfaction with looks and attractiveness. **You may be surprised to learn that weight loss is generally an ineffective way to accomplish increased satisfaction with how you look.** It is extremely common that someone will lose weight and still feel dissatisfaction with their appearance. Body dissatisfaction, if present, is something that you may work on improving in parallel or independent of your body weight.

Body satisfaction, again, like so many other weight-related factors, is about your thinking. Those who feel better about how they look, change the way they think about their bodies. By changing the way you think about your body, you can improve how you feel about yourself.

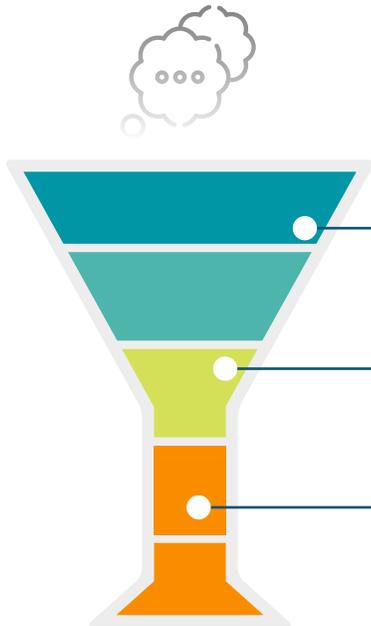
You may find it surprising to know that there is only a weak relationship between body satisfaction and actual appearance. It turns out that what you look like does not always correlate with how you feel about your appearance. This is particularly true when it comes to body weight. Many non-overweight people hate their appearance



In these moments, might you feel emotions such as shame, embarrassment, disgust and a feeling of failure or hopelessness? Remember that these emotions are a product of your thinking; you may ask yourself what you were just thinking and what may have triggered these thoughts. Automatic thoughts are immediate and they will speak poorly about your image, who you are as a person and your ability to manage your weight.

You may use the recognition of negative emotions as a cue that negative thinking patterns are happening.

The following are examples of what self-critical body image thoughts may sound like. Again, the self-critical thoughts can be looked at as forming a funnel. At the top are a bunch of thoughts that become less and less as you get lower, and then as little as one root thought at the bottom.



At the top: **I am too big. I am disgusting. I am unattractive**

So what does that say about you?

It says I should be stronger – I am weak

It says I am undisciplined

It says I don't have enough willpower

It says I'm a failure

Which says what about the long term?

It says nothing will change and I will always be like this.

STEP 2: Where is the evidence?

Again, this second step, “where is the evidence?” is not easy but certainly very straightforward. In the case of battling body dissatisfaction you have a significant advantage. Intellectually, everyone can imagine that the character of a person, their kindness, their values, their generosity, have nothing to do with the shape of their bodies. You have learned elsewhere that 70% of the shape and size of someone's body is influenced by genetics and governed by a unique three-layer ancient appetite system. You have learned that although effective treatment exists to support finding one's best weight, you have likely never received such treatment before.

You also learned to believe your internalized self-critical thoughts early in life because of the societal stigma directed at overweight individuals. Can you challenge these previous thoughts? What if your thoughts about you and your body are different from what others think about you? Imagine if we brought all your close friends together in one room and asked them about you. What if we asked them if they agreed that you were disgusting, weak, undisciplined and a failure? It is very likely that your friends would argue vehemently against this characterization.

Ultimately you can realize that any evidence you hold that supports your current thinking is based on stigmatizing and biased internalized messaging from your past. Furthermore, you have never been comprehensively supported for the real condition you struggle with, yet effective treatments exist.



STEP 3: Creating new resilience thoughts

This last step sees you thinking differently when exposed to your image. In place of the above self-critical thoughts, could you see yourself thinking differently? Could seeing your image be followed by thoughts such as:

“I am on a journey to find my best weight. My struggle is real and I have never been treated before – not once. Who I am as a person is not a product of my shape and size. I do not have to love the way I look but I can certainly challenge the notion that how I look speaks to who I am as a person. I will work in the direction of finding my best weight and I will consider accepting, maybe begrudgingly at first, that my best weight is the best I can do.”

Sophie’s Story: A Vignette

Sophie is a 38-year-old accountant and Senior Vice President at a large accounting firm. When reflecting on her childhood, Sophie cannot remember a time when she did not feel bad about her appearance. Early in her life, Sophie’s father would tell her that she was overweight and that she should eat “differently” than others so she could lose weight. Her father would often comment on her appearance and offer advice whenever he thought she was eating too much. Sophie was teased in school because she was heavier than all the other girls in her class. She remembers thinking she was fat in high school and university even though now, in retrospect, she feels her weight back then was pretty good. Sophie remembers always comparing herself to others in her social circle in university and thinking that she was unattractive, and found her struggle with her weight shameful.

As recently as three years ago, when Sophie would look in a mirror or see herself in a photograph, she would feel intense disappointment, embarrassment and resignation. What she didn’t know at the time is that these emotions were the product of automatic thoughts that would be generated when she saw herself. In these moments she would think “I’m disgusting and lazy.” Her appearance when getting dressed made her think “I’m out of control and weak and I will never lose weight.” When she was out and saw a reflection of herself, she would think “I’m unattractive.” With the tone of these automatic thoughts, it is not difficult to understand why she would feel disappointment, embarrassment and resignation in these moments.

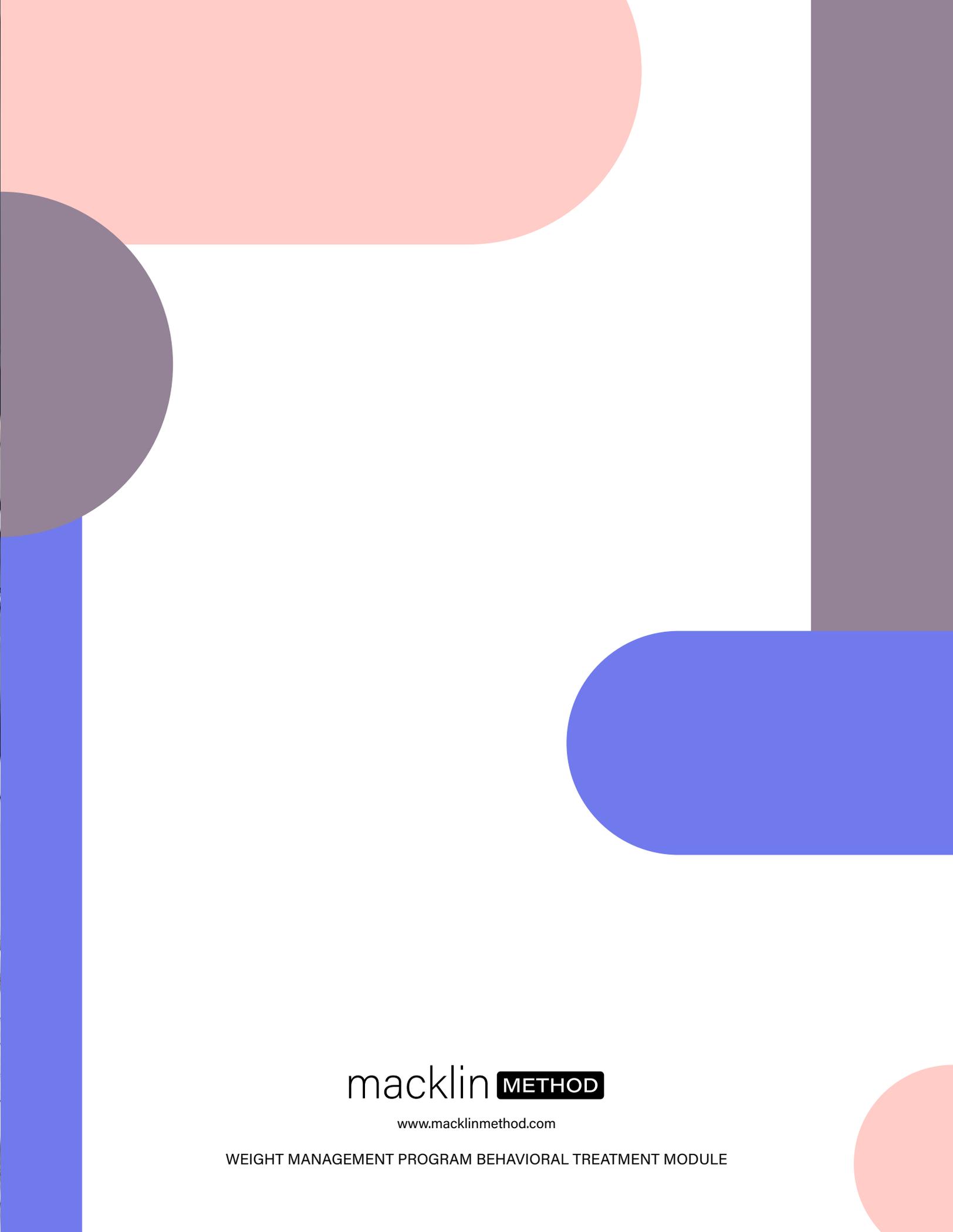
Much changed, albeit slowly, when Sophie began receiving support from her family doctor with some visits that focused on behavioural change. In the initial weeks of her treatment, Sophie learned that she could lose weight, not by “dieting,” but by eating less, managing her high-risk times and changing her thinking. Next, she started to take on her body dissatisfaction. She began to realize that she could challenge the thoughts that happened automatically when she saw herself in a mirror or a photograph. Some of the things she would now say were:

“Managing my weight is very difficult for me. I am the opposite of lazy at work and in all other areas of life. My friends all agree that they find me the opposite of disgusting, in fact in so many ways my friends find me inspirational. I have never had my thinking treated, and I am learning that my thinking has been a huge obstacle between me and sustained weight loss.”

Sophie has lost over 30 pounds and, more importantly, has been able to keep it off. Sophie also learned about her avoidance behaviours. For as long as she could remember, Sophie had avoided situations and clothing that made her anxious because of her thoughts about her appearance. Sophie took this on as well. This was also done by challenging her previous false thoughts. She now has gradually jumped back into life more fully and is able to go and do things that she previously avoided because they made her anxious.



Don't worry
Be happy!
☺



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