

Table of Contents

Chapter 1: Fully Forward	1
Chapter 2: Your Cup Runneth Dry: Obesity and Your Centers of Balance	9
Chapter 3: God Help Me...Really: Your Spiritual Center	29
Chapter 4: I Think, I Feel: Your Cognitive and Emotional Centers	49
Chapter 5: Move It or Don't Lose It: Your Physical Center	87
Chapter 6: "Do I Know You?": Your Social Center	117
Chapter 7: When I Grow Up: Your Enterprise Center	145
Chapter 8: The Road Infrequently Traveled	159

Chapter 1

Fully Forward

Here are five things your bariatric surgeon didn't tell you:

- his mother's maiden name
- the street she grew up on
- the name of his first pet
- her husband's favorite teacher
- the fact that a significant percentage of weight loss surgery patients will regain a great deal of their weight in two to five years following surgery.

During the weeks and months leading to your surgery, you probably did more research than you did in all of your years of schooling combined. Do you recall reading anywhere about the number of people who regain some or all of their pre-surgery weight a year, or two years, or five years after surgery?

Even if you ran across such information, you likely breezed right over it, scarcely giving it a thought, knowing that you would not be one of *those* people! Like the young bride and bridegroom preparing for their wedding who are certain they will not be in the fifty percent of marriages that end in divorce, you proceeded with confidence, knowing you would be a successful weight loss patient.

EAT IT UP!

My job, while encouraging and supporting your post-surgery efforts, is to also point out the not-so-fun facts. Couples who have been married for many years are aware of the effort it takes to have a successful marriage. They know it is not all fun and games. Those rings and that marriage license do not guarantee Happily Ever After. Neither do the stitches indicating that your bariatric surgery is complete, nor do the papers discharging you from the hospital guarantee Happily Ever After.

Wait! Don't close the book now and run away scared! I'm not trying to be a dooms-dayer who bursts your bubbles of happiness, excitement and anticipation. I'm on your side. Choosing to have bariatric surgery is one of the most important decisions you have ever made for yourself. I am here to encourage and support you. I can also supply you with additional knowledge and skills to help ensure your success. My goal is to bolster your confidence in staying the course, in keeping your weight off, and in finding a Happily Ever After that is real and far better than in any fairy tale.

Couples who have been happily married for years and years know that having a solid, happy marriage requires hard work. There are rough times and smooth times. Times you do things even though you don't feel like it, yet you do what needs to be done because it will benefit the relationship. At times you wonder what you have gotten yourself into, but because you made the decision to get married, you persist in keeping true to your vows. In the end, those who stick it out are proud of what they have accomplished. They are confident that the benefits of their marriage far outweigh the struggles.

So it is with life after bariatric surgery. You embarked on the journey, as you should, starry-eyed, unable to wait for The Big Day, and thrilled about the prospect of the honeymoon! You knew that "real life" would begin soon enough. And you were ready for that, too. Because now, like the young newlyweds who have finally found their life partner, you have what you are certain will lead to your lifelong happiness. Having weight loss surgery meant a way for you to really and truly lose weight, and to you, that has always meant that you would finally be happy. To be sure, there will be times you won't feel like following through with behavior that is good for you (exercise; refraining from dessert; completing food and exercise diaries.) You will do it, though, because you made a commitment. You also know these behaviors are essential

Connie Stapleton, Ph.D.

for your long-term goals of sustained weight loss and happiness. There will be times when you wonder what you have gotten yourself into. You will then reaffirm your commitment to your health and happiness and persist in doing “the next right thing,” whatever that is at the moment. In the end, like the couple who joyfully celebrates their 50th wedding anniversary, you will rejoice knowing you made the choice to have a healthy body, to live life fully and to *Eat It Up!*

That surgeon who failed to mention the patients who regain their weight did not mean to mislead you. He was likely thinking about “success” from the medical perspective, which to him, means that you will lose fifty percent of your excess weight. Your health will be improved and he will have what he desired: another medical success. (Well-meaning parents sometimes forget to mention the peaks and valleys of marriage as their youngsters wed because, whether the young couple stays together or not, the parents are likely to get what they wanted: grandchildren!) My purpose in writing this book is to guide you, from the day you have your surgery, through the ups and downs of daily life as a post-surgical patient, to successful long-term weight loss and a genuinely happy, balanced life. I want to educate and inspire you so you don’t regain the weight you lose. I must, therefore, provide you with the realities of life after bariatric surgery.

I work on a daily basis directly with the bariatric population and see first-hand the emotional struggles clients go through in the days, weeks, months, and yes, the years following bariatric surgery. Sadly, I have seen the devastation people suffer by regaining pound after pound of weight that had been lost in the months immediately following surgery. I can help you prevent the regaining of weight. Of course, you are the one who has to make the decision to take the information I provide and practice it in your life on a daily basis. I have read most of the books on the market about pre- and post- weight loss surgery. I attended Harvard’s annual International Conference on the Practical Treatment of Obesity. I have been through Harvard’s Mind/Body training presented by Herbert Benson, MD, creator of “The Relaxation Response” and author of the book of the same title. I have done my homework. And I work in the field. In working with and listening to bariatric patients in my work, I help them understand what they know on a cognitive level: weight loss surgery is only the beginning of the happy, balanced life they are

EAT IT UP!

seeking. Regardless, each one hopes that the surgery will be The Answer and “Everything Else” will simply and magically fall into place after that. “Everything Else” includes:

- I will no longer have cravings for the foods I love.
- My car will automatically ignore all fast food drive-thrus.
- My habit of going to the refrigerator/cupboards every fifteen minutes will disappear.
- I will develop an intense love and desire for 60 to 90 minutes of daily exercise.
- I will refuse to take escalators when stairs are available; I will prefer to walk without the benefit of the moving sidewalk in the airport; and I will happily park as far away from the store as possible for the sheer pleasure of taking those extra steps.
- I will have foolproof resistance to the smorgasbord of food at family reunions, holidays and social gatherings.

Here is one of those realities mentioned earlier: bariatric surgery does primarily one thing. Bariatric surgery decreases the physical size of the area of your stomach that can hold food. That’s it. Nothing less. Nothing more. (Okay, so depending on the type of procedure you have, the intestines may be rerouted, as well.) The point is, surgery does absolutely nothing to deal with the two things that are primarily responsible for the regaining of weight after bariatric surgery: your long-term eating and exercise habits and the cognitive and emotional issues related to those eating and exercise behaviors. The fact is, without addressing the cognitive, emotional and behavioral issues underlying obesity, weight loss surgery is actually a very expensive and invasive “diet.” And like the other diets you have tried, it is doomed to fail unless you do the work suggested in this book.

That is why I wrote this book. I can help you with those things. The best-selling books on bariatric surgery on the market primarily address the decision-making process leading to surgery and the medical aspects of bariatric surgery. *Eat It Up!* guides you through the process of exploring the cognitive, emotional and behavioral components that ultimately determine if you will succeed in sustaining your weight loss or if you will have spent thousands of dollars on yet another failed diet. In addition, in *Eat It Up!* you are given exercises to do in each chapter that are geared to lead you to success. If you do them there is no reason

Connie Stapleton, Ph.D.

you will not reach the weight goals you have set. Beyond that, you will experience the transition from a world that has been like an old television show experienced in only black and white to a life that is exploding in full, brilliant color! The difference is indescribable. The choice is yours.

If you think you don't need this information, then put the book down, but don't get rid of it. I believe there will be a time in the future when you will want and need this information. I recommend, in fact, that you read through the book once from start to finish. Then start again at the beginning and go through it slowly, working on the exercises you feel you need. Do this all the way through the book, in order. Then, over time, as you encounter situations in your daily life that you are struggling with, come back to this book, find the section related to a particular issue, and work through the exercises again. We all grow and change with time. The thoughts, feelings and ideas you have related to a particular issue will change as you change. The information in this book is here to provide assistance. It's yours to use or not. I hope you will choose to use it. Again and again.

Your Whole Self

I take a mind/body/spirit approach in my work, and in writing about your overall success following weight loss surgery. To me, this translates to permanent weight loss following surgery and finding the happiness you have been seeking. Since this book is designed to help you prevent weight regain, I will share what I know about that particular topic. However, I am going to go further than simply suggesting you put the right foods into your body and get sufficient exercise. I am going to address how your obesity and your weight loss surgery are intertwined with your whole self: body, mind, and spirit. I do this by focusing on six major areas of your life, or Centers of Balance, which include your Physical Center, your Cognitive Center, your Emotional Center, your Social Center, your Spiritual Center, and your Enterprise Center. I am positive that by choosing to follow the suggestions provided in this book, you will live out your Happily Ever After in your thinner, healthier body.

EAT IT UP!

Your Centers of Balance: Your True Keys to Happiness

For so long, diet after diet, through weight loss and weight regain, you have clung to the notion that when you lost your excess weight, you would be happy. If that were the case, people would not regain their weight after a successful diet. Weight loss surgery patients that have gone before you would be living the blissfully happy lives they presumed being thinner would bring them. We all know that weight loss alone does not mean inevitable happiness.

The happiest, most functional people in our society live balanced lives. I describe a balanced life in terms of six Centers of Balance. The happy, functional people I speak of spend time in solitude or prayer and carry the benefits into their lives while still dealing with “the real world” (Spiritual Center). They put effort into keeping their thoughts and feelings in a moderate range. They are not ruled by rigid thoughts or out-of-control emotions, nor are they emotionally shut down or blunted (Cognitive Center and Emotional Center). They spend time with friends, but not at the expense of their families or other responsibilities (Social Center). They get both aerobic and anaerobic exercise on a regular basis and engage in physical activity, but don’t take it to the extremes (Physical Center). They work, but don’t overdo it. They give back to their communities through volunteer or service work, while taking care of themselves and their families or other responsibilities (Enterprise Center). My goal is to address your real-life issues related to life following bariatric surgery in the context of your Centers of Balance. The result: you will live the well-balanced life of one of the genuinely happy people in our world in your new, more physically healthy body, keeping your weight off throughout your lifetime.

In Chapter 2, you will take a journey into your past. We’ll explore the reasons for obesity, including physiological and emotional components. Exercises guide you in taking an overall inventory of the factors leading to your obesity. You will determine the issues you need to work on to prevent the return of bad habits leading to weight regain as you move toward your healthier life.

In Chapter 3, you take stock of your spiritual beliefs and practices. Your Spiritual Center is the epicenter of your life. Being obese has interfered in your relationship with God, your relationship with yourself

Connie Stapleton, Ph.D.

and your relationships with others. Obesity is a disease of isolation. Angry about being judged and ridiculed, you became isolated. Shame and embarrassment led to further isolation. Thought-provoking questions help you determine how your authentic self got lost in the process of becoming obese. You will choose how to use spiritual principles to guide you in the process of regaining your authentic self throughout your recovery from obesity.

Chapter 4 is the most difficult chapter in the book. You learn how your thoughts, feelings and behaviors are intertwined. Obesity weighed you down with negative messages about yourself, about what you could do and about what you were worth. Negative thoughts and feelings kept you imprisoned, as did your obesity. Here you will address issues from the past so that you can work through them and move beyond them. You will develop positive thinking habits, which will impact your feelings and your behaviors in healthy ways. You'll learn tools to help prevent sabotage by self and others. You'll set goals for developing healthy behaviors, you'll accept responsibility for the choices you make, and you'll move toward health and happiness.

In Chapter 5, I tackle the world of physical exercise and activity. You can vent and whine and complain if you hate exercise. You can rejoice if you love it and can't wait to get to it. No matter what, you will partake in it as there is no way to avoid exercise if you want to lose weight and keep it off. You will choose how to make exercise fun, and if that concept doesn't stand a chance of working for you, then you can use other options presented in the chapter to motivate yourself to get out there and sweat.

Chapter 6 focuses on the social aspects of your life and the dramatic changes that take place in your social life after surgery. The shame associated with being obese led to social and emotional isolation as well as spiritual isolation. After you lose weight, your self-esteem improves, and your interactions with others change accordingly. These changes are received well by some but not so happily by others. Learning to be assertive and to set healthy boundaries will further enhance your sense of self-worth. Inviting your family and loved ones to join you as you change and grow will make your transition to healthy living smoother for you and those you love.

EAT IT UP!

Chapter 7 focuses on your Enterprise Center. Your Enterprise Center includes what you do for work, how you enhance your mind, what your hobbies are, how you handle your finances, and the ways you contribute to society. Being obese stole opportunities from you in each of these areas. To rebalance this Center, you will identify messages you were given and that you continue to give yourself regarding your worth and ability. Expanding your life leads to better self esteem, healthier thoughts and improved feelings, which translates to overall improved health, happiness and sustained weight loss.

Chapter 8 is called The Road Infrequently Traveled. Unlike diets from yesteryear that you “went on” and “came off of,” the behaviors you choose following bariatric surgery are lifelong, permanent changes. Perseverance is the road infrequently traveled by post-surgical patients. As adults, we are responsible for making positive choices regarding our health. If you use the skills taught throughout this book every day, one day and one choice at a time, referring to this guidebook often and completing the exercises, you will find success!

Fully Forward

Congratulations. You have an idea of what lies ahead: hard work, tears and painful feelings. I’ll bet you can hardly wait to get started! Take heart. The best truly is yet to come. Move fully forward through the rough patches because on the other side, you will be living a fully healthy, happy and balanced life. *Eat It Up!*

Chapter 2

Your Cup Runneth Dry: Obesity and Your Centers of Balance

When did you decide you wanted to be fat? You're probably wondering if I've lost my mind asking a question like that. The truth is, I have never had a client tell me he or she decided, chose, or wanted to be fat – ever. So, how did you end up becoming obese?

As you already know, various factors account for obesity. When you first saw your bariatric surgeon, what did you tell her about the reasons for your obesity? Did you say you that were fat from day one? That you didn't gain weight until you became pregnant? That your entire family consisted of obese people and that genetically, you didn't stand a chance? That you were a size two until you got married, but then you steadily gained weight over the years? That your thyroid was under functioning? Any of these statements may be true.

But what did you *not* tell your surgeon about your weight history? That your mom, who was obese herself (or, conversely, as thin as a rail) commented on every morsel of food you put into your mouth and that you eventually became just as obsessed with every morsel of food you ate? That you started gaining weight in the fifth grade because you didn't want to attract physical attention to yourself after your uncle touched you where he shouldn't have? That your home was a battleground where

EAT IT UP!

your parents were constantly at war with one another, and your only source of comfort was food? That you were deprived of candy or any form of dessert because your father didn't want any fat daughters? That you were the only male in the family who was made fun of because you were clumsy and not good at sports, so you found solace in food? That you became chunky so you no longer had to try out for sports, which you didn't like in the first place?

Which is the truth? The information you gave your surgeon, the information you left out, or both? The things you did tell the surgeon are undoubtedly part of your true history. Some or all of the factors contributing to your obesity may be outside of your awareness. What you believe, or are aware of, about the cause of your obesity will likely change as you lose weight. If that sounds odd, ask people you know who have already had bariatric surgery and have lost 50 or 70 or 100 pounds. They are likely to chuckle, thinking about how their thoughts related to their own obesity have changed since having surgery and losing weight.

Michelle, a 30-year-old second grade teacher who lost 110 pounds in the year following her surgery, blushed when she told me, "I always told people I was a fat kid because I didn't like to play outside. As an adult, I used the excuse of not liking exercise as the reason I remained heavy. Now I am able to recognize, and to say out loud, that the real reason I stayed in the house and ate when I was young was because the boys in the neighborhood called me fat. They still trapped me on the playground and fondled me, fat and all. I was humiliated, scared, and angry. I never talked to anyone about it until now."

Marcus, a 42-year-old sales manager said, "Before I lost 200 pounds, I blamed my mom for my obesity because she is such a good cook. Now I can admit that I used her cooking as an excuse for my weight. I'm 42 years old and have lived on my own for 21 years. It can't be Mom's fault I remained obese until last year."

As people lose weight following bariatric surgery, they gain insight into their prior eating behaviors and the emotional reasons underneath their obesity.

The Physiological Facts

Genetics

- Fran accurately told her surgeon, “Every woman on my mother’s side of the family is heavy.” Fran has a genetic component to her obesity. Medical facts indicate that genetics account for approximately one-third of the reason a person is overweight or obese. Two-thirds of your obesity is related to factors other than genetics.

Thyroid Problems

- The thyroid has been a biological scapegoat for causing obesity. Unfairly and inaccurately so. The truth is that a malfunctioning thyroid is only minimally responsible for a person’s weight change, whether that is weight gain or weight loss.

Medication

- If you want to blame something and sound credible doing so, blame your medications. A number of medications do result in weight gain. Certain prescription drugs used to treat mood disorders, seizures, migraines, diabetes, and even high blood pressure can cause weight gain. Some steroids, hormone replacement therapy, and oral contraceptives can also result in unwanted pounds.

Disease

- Some illnesses, including hormone problems, depression and some rare diseases of the brain can lead to obesity.

More often, there are other, more powerful reasons for a person’s obesity. Physiological factors are only part of the story. The majority of the story behind a person’s obesity is about unhealthy food choices, the lack of physical activity and exercise, negative emotions, and psychological issues.

The E Factors

One part genetics plus several parts environmental conditioning and emotional escape equals one hundred percent obesity.

EAT IT UP!

Environment

Dorothy Law Nolte, Ph.D. wrote a painfully true, insightful poem entitled *Children Learn What They Live*. Undeniably, children learn what they live in a home where one or more of the parents is obese. In fact, (sorry, moms) the number one determinant of childhood obesity is maternal obesity. Obese parents teach their children poor eating choices and habits. And so begins another generation of obese people.

Fran, the woman who told her surgeon that all of her female relatives are overweight, does very likely have a genetic marker for obesity. Yet the fact that all of the women in her family are overweight is due, in part, to their cooking and eating habits. Like other diseases, obesity is a combination of nature and nurture.

Emotions

Emotionally laden issues underlie a person's obesity. In his pre-surgical interview, Thomas, age 52, recounted the shame he felt every year when it was time to go back-to-school shopping. He was the only kid in the family who had to get "Husky" jeans. His siblings teased him. The worse he felt, the more he ate and the more weight he gained. He buried his shame beneath his fat.

After losing 160 pounds, Felicia tearfully shared this: "I hated the way kids stared at me when I was in school. Even when I became an adult, before I had the surgery, little kids still stared at me and called me 'Fatty.' I felt sad and angry and just wanted to hide when this happened, but God knows that hiding was impossible at 330 pounds." Felicia's obesity, as a child and adult, caused her great emotional pain.

The emotional heartache associated with obesity is as painful as the knee and joint pain associated with carrying 100 excess pounds. The emotional heartache hurts as badly as the back and leg and lung pain that an obese person experiences when climbing a flight of stairs. The emotional pain feeds on itself. The shame, embarrassment, anger, and fear associated with being overweight fuels the low self-worth experienced by obese people. Their low self-esteem emerges as negative self-talk, self-destructive behavior, and self-punishment, which leads to intensified feelings of hurt, sadness, shame, and rage. It is a cycle that turns continually, like a paddlewheel beneath a waterfall, and like the water rushing toward the fall, the pain never seems to end.

Your Life as a Cup

Rhonda, an intelligent, insightful woman in her late 50s, shared her reasons for deciding to have weight loss surgery. “My mother, on her death bed, told me that when I was born into this world, her mother, my grandmother, said I was a cup. My mother thought her mother was loony, yet gingerly asked what she meant. Grandma said that like every other child born into this world, I was born a full cup, a fully ‘authentic person.’ I was full of all of the ‘good stuff’ I would need to be happy in this world. I was full of love and kindness, joy and self-esteem, wonder and delight, compassion and generosity, faith and wisdom. My parents’ job, Grandma said, was to not spill a single drop from my cup.”

Rhonda’s eyes shone as she shared her mother’s tale. “My mother then apologized to me for spilling my cup when I was a child. What I realized,” she went on, after wiping a tear, “is that as I was raised, more and more of my cup was spilled - some by my parents and some by mean kids at school - and then the worst thing of all happened. I started dumping it out myself. I have been nearly empty for a long time. It’s like being spiritually bankrupt. The more that the ‘good stuff’ got poured out, the more I ate, trying to fill the cup back up. I got fat. I was no longer the person I was born into this world to be. Mom reminded me before she died that my ‘authentic self’ is still inside of me, a person created by God with a special purpose. She said she hoped I would try to find that person again.”

“That’s why I decided to have bariatric surgery,” Rhonda continued. “I wanted to find my authentic self. I wanted to get rid of the fat and find healthy ways to fill my cup again and be who I was meant to be. I’ve lost 85 pounds so far and am learning how criticism and teasing spilled the ‘good stuff’ from my cup, as did witnessing the animosity between my parents. When I got older, I hated myself and spilled even more by getting in and out of abusive relationships, dropping out of college three times and losing scholarships, and by putting on more and more weight. I was punishing myself. Now, as I am learning to fill my cup back up in healthy ways, I’m starting to like myself. I can see that I have unique gifts and talents, and I am excited about finishing my degree and starting to teach. I will finally be living the life I was meant to live. I am becoming my authentic self.”

EAT IT UP!

The Empty, Unbalanced Cup of Obesity

Every day I work with wonderful human beings who have unique talents and gifts, whose Cups were spilled in a variety of ways during childhood. Their authentic selves became hidden beneath layers of fat. Their lives became unbalanced as each individual Center of Balance was knocked off course. As a person's Cup is spilled, their Centers of Balance are tilted. The results are the same: the person begins to look outside himself to fix the emptiness within. The obese person chooses food. More and more food is needed because it never takes the pain completely away, no matter how much is eaten. The authentic person is hidden. Hidden behind the food and hidden behind the fat.

An Unbalanced Spiritual Center

Once an adult, the now-obese person continues the unhealthy behaviors they learned in their youth. Food was an emotional comfort during difficult times then; it remains so in their adult life. Food was, and is, a way to hide from pain; a chance to experience sweetness in the bitterness of life. Their Spiritual Center, their connection to God, the world, and their authentic self becomes damaged. Their self-esteem erodes and increasing weight fills the void. As their Spiritual Center disintegrates, their authentic self shrinks. More and more weight. Less and less self-worth. All of their Centers of Balance are negatively impacted. When the Spiritual Center is tipped, all of the centers become off balance. It's like a mobile with zoo animals hanging over a baby's crib that gets bumped and all of the animals on the mobile start movin' and shakin'.

Bariatric surgery helps get rid of the fat but it cannot heal what is hidden beneath it. As fat melts away following bariatric surgery, long-buried thoughts and feelings of emptiness, sadness, shame, frustration, and anger surface. The disquieting thoughts and feelings are kept at bay by the excitement and attention generated by the rapid weight loss, the smaller clothes, and the new look. However, once the hype generated by the decreasing number on the scale simmers down and life settles into a new routine, up rise those same old miserable thoughts and feelings. If they are not acknowledged and the issues related to them are not addressed, food (or a substitute substance or negative behavior) is again used in an attempt to squelch the fire of feelings that rages internally. These negative thoughts and feelings and the resultant negative

Connie Stapleton, Ph.D.

behaviors are the main reasons people regain their weight following bariatric surgery.

Unbalanced Cognitive and Emotional Centers

When it gets off kilter, the Cognitive Center of Balance can wreak havoc in other areas of life. Thoughts affect feelings and behavior.

“The hardest part for me,” admitted Kathy, a 29-year-old accountant who dropped 40 pounds in the four months following her surgery, “is the way I keep thinking so negatively about myself. I mean, I’m proud of myself for making the decision to have the surgery and for doing what I am supposed to be doing every day. But I keep referring to myself as ‘fat’ and thinking I can’t do this or that because I’m used to thinking that way.”

Kathy has found articles on bariatric Web sites that address the importance of thinking positive thoughts about self in all dimensions of life. “As I get rid of the ‘stinkin thinkin’ habits of the old days and incorporate more optimistic thoughts, I feel better and am willing to take healthy risks in my life,” Kathy said. “The results have been great. I like myself better and that seems to be contagious. I even have a third date with a great guy tonight!”

Unlike Kathy, who has taken positive steps toward becoming reacquainted with her authentic self, hundreds of thousands of overweight and obese people choose to stop living and merely exist. Some hope against hope that a new miracle diet will “work” and they will someday lose weight. Others relinquish hope, resigning themselves to a way of life that can accurately be described as a slow form of suicide. Their Centers of Balance are off their axes and their Cups remain drained.

Obese people opt for life on the roller coaster of losing and regaining weight. Emotionally, they experience the highs and lows accompanying their fluctuations in weight. Their behavior toward others is correspondingly inconsistent. Family members and loved ones are victims of their emotional swings. Children learn the dysfunctional responses associated with life in an imbalanced emotional environment.

Mary, a 41-year-old divorced mother of three, recalled her ex-husband telling her he could no longer endure the intensity of her mood swings related to weight. If a pair of pants was too tight Mary embarked on a tirade of negativity, and no one in the house was spared.

EAT IT UP!

The purchase of a new outfit in “the right size” resulted in a celebration with a family outing to the movies. “No one ever knew what to expect,” Mary sighed. Having lost 75 pounds since her weight loss surgery, she is now learning to modulate her behavior, regardless of her feelings. “I realize that my authentic self can respond appropriately in (almost) any situation. My kids seemed uncertain around me for a while because they were used to me being all over the place emotionally, but they are starting to trust that I will ‘behave’ myself, even if I feel uncomfortable in clothes that seem too tight.”

An Unbalanced Physical Center

Physical activity all but halts for the obese person because of pain from a variety of body parts with even minimal physical exertion. “I missed my buddies,” Rob said, although he admits he was reluctant to get together with the guys when he was obese. “I couldn’t go hunting or fishing any more because of my weight. I couldn’t keep up on the golf course. I just quit fitting in.” After losing 80 pounds following his surgery, Rob joked, “I feel like a country song played backward... I have my wife back, my buddies back, and my life back!”

Linda’s weight became so much a burden that “my young kids were left to play by themselves most of the time,” she said. “Attending the older children’s extracurricular activities decreased because it took so much effort to get off the couch.”

Playing tennis, going on picnics, walking by the lake, and dancing become painful memories for the obese person when the Physical Center of Balance tips.

An Unbalanced Social Center

Countless clients report that before surgery, food was literally the center of their worlds. Male and female obese persons lack the energy, and eventually the desire, to engage with others. Their Social Centers slip. Relationships with loved ones often take second place to finding solace in the world of buffets, trips to the grocery store, or chips and a book.

“Rachel Ray, Emeril Lagasse, and any show on the Food Network took priority over time spent with my children,” Kristine admitted. “Since losing weight, my kids tease me and ask me if I’m ever going to

Connie Stapleton, Ph.D.

watch TV again. I'm too busy living to sit and watch television.”

Intimacy between couples dwindles as increasing weight becomes a barrier. Michelle lamented, “I thought of myself as being physically repulsive. Sexual advances by my beloved husband would ignite the fire of self-loathing.” As weight increases, physical contact diminishes, and sexual contact extinguishes.

Friendships also suffer for the obese person. Margaret said, “I became too self-conscious to be around other women. I preferred to remain alone in order to avoid any sort of scrutiny. I don't know if the scrutiny was real or imagined, but I stayed home most of the time before my surgery. It feels so good to go out into the world again!”

An Unbalanced Enterprise Center

“I kept going to work because I had to,” Maureen recalled, 17 months and 120 pounds lighter after her surgery. “If I hadn't needed money (which I used primarily to afford my drive-thru restaurant habit), I would have quit my job like I quit everything else in my life. Since having surgery, I feel so alive again, actively participating in the Big Sisters program and taking my grandmother out for coffee.”

Like people with drug and alcohol addictions or other behavioral addictions, obese people typically maintain their jobs until they are forced to quit or until they get fired. Other Enterprise Center activities, however, are among the first to go, as carrying excessive weight is emotionally and physically exhausting. Duane, a single 26-year-old male who is 95 pounds lighter seven months post-surgery, shared his enthusiasm for returning to the activities that “made my life my life.” He resumed his participation as chairman of the local intramural basketball league, rejoined the Optimist Club, and plans to coach the high school debate team.

The Dumping and Refilling of Your Cup

The good news, in case your spirits are withering as you read this, is that by having bariatric surgery, you have taken a major step toward refilling your cup. Serious choices about if and how you choose to continue to refill your cup await you. The prize for doing so is finding your authentic self, who has hidden dormant inside you for a long, long

EAT IT UP!

time. Before the tools for helping you refill your cup are disclosed, we need to look more carefully at how it was dumped in the first place.

The Spilling of the Cup

Before you read this section, let me make a few extremely important points:

- I am not implying that your cup is completely empty. All people have their cups dumped at one time or another – that’s what happens in life.
- The extent to which your cup has been dumped depends on the experiences you had as a child, how others have treated you in your adult life, and how you have treated yourself as an adult.
- I am not saying that your parents were, or are, bad parents.
- I am not asking you to blame anyone for your obesity. (I will discuss the difference between blame and accountability in a later chapter.)

Please read this section with a very open mind, and re-read it every six months or so from now on. You will be amazed at how your thoughts and feelings change over time as you continue to lose weight.

Imbalance Resulting from Neglect

When I talk with clients about how their cups were spilled, they often become quiet and distant. Very often people get defensive, as did Sherry. “I don’t really understand why you think we have to discuss my childhood,” she said. “My childhood is not related to my obesity. I had a very good childhood and very good parents. I didn’t even gain weight until I was older and out of their house.”

I assured Sherry that I believed she had positive experiences during her childhood, and that I was certain her parents were good people who loved her a great deal. But I urged her to share information about her childhood to see if there was any connection (even a slight one) between her obesity and her childhood experiences. She reluctantly agreed.

Sherry’s mother was diagnosed with breast cancer when Sherry was 10 years old. Sherry had three younger siblings. Her mother’s cancer metastasized, and she was sick at times over the next six years before

Connie Stapleton, Ph.D.

passing away. During the years her mother was ill, Sherry assumed responsibility for her younger sisters. Their father was busy taking care of his wife and maintaining a job to support the family. Sherry said her parents were never critical of her, nor was there any sort of abuse.

Sherry needed help understanding that abuse is not the only thing that contributes to the loss of our authentic self. Although she had loving parents who were supportive of their children, Sherry's parents were focused on her Mother's physical care. The majority of Sherry's father's attention went to his wife and making sure the children had the physical necessities they needed. Sherry's mother, who did as much as she could for the family, was often too ill to be emotionally or physically available for the children.

Sometimes neglect occurs because of circumstances beyond anyone's control. In Sherry's family, no one had done anything "bad" or "wrong." The reality remained, however, that neither Sherry nor her siblings got the sufficient amount of emotional attention needed by children to mature in optimally healthy emotional ways. Sherry, in particular, being the oldest, took on overwhelming responsibilities for a child. She was not cognitively or emotionally equipped to deal with the chronic illness of one parent, the emotional deprivation of both parents because of the illness, or the intense responsibilities of helping to care for her siblings. Sherry's cup was "dumped," not from abuse but from unintentional neglect. As an adult, her Centers of Balance were not full and therefore she was ill-equipped to deal with life in the most effective manner.

When Sherry left home to live on her own, something she had looked forward to, she was shocked as her life began spinning out of control. Sherry attended college and began putting on weight. She attributed the weight gain to "the freshman 15" and didn't worry too much about it. By the time she graduated, however, she was 40 pounds heavier than when she started college. She accepted a job as an Admissions Director for a local university. Although very efficient at work, she found herself isolated when she wasn't working. She was confused and lonely. As her weight continued to creep up, she became more and more unhappy. She had a series of unfulfilling semi-romantic relationships, but felt so badly about herself that she would not allow herself to get close to anyone she dated. People at work noticed a marked difference in her demeanor.

EAT IT UP!

She was grumpy much of the time and began to isolate herself at work. Before long, she realized she was turning into a bitter, lonely woman, and she was only 29 years old.

Sherry admitted that food had become her only source of comfort over the years. Eating was the only activity she looked forward to. She longed for the end of the workday so she could go home to a nice quiet evening with ice cream and brownies. Weekends were spent between the couch and the refrigerator. She was miserable, and she knew it. She attributed all of her misery to the fact that she had become obese. When she was 120 pounds over her healthy weight, Sherry had bariatric surgery at the urging of her physician. She initially followed all of her surgeon's instructions. She lost 115 pounds in the 16 months following surgery. She regained 10 pounds, but was comfortable with that.

At 26 months post-surgery, however, Sherry had gained another 30 pounds, which is when she sought therapy. She reported that she found herself eating the same foods that gave her comfort before surgery. She had settled into many of the same negative behavior patterns that she had engaged in before the surgery.

As I worked with Sherry, she caught on quickly. I helped her to recognize that she had entered the adult world with a half-full cup – and not because anyone had treated her badly. Emotional and physical neglect, being burdened as a child with the responsibility of her younger siblings, and the loss of her mother, had dumped a significant portion of Sherry's emotional wellness, leaving Sherry fairly empty on the inside.

Once on her own, loneliness engulfed her. Sherry had been used to having her siblings around. They had provided her with company and, more importantly, with a sense of purpose. They needed her. On her own, there was no one who needed her, except when she was at work. Lonely, grieving, and without a sense of personal purpose, Sherry used food to try to fill herself. Like some people use alcohol, other drugs, gambling, or excessive shopping, Sherry used food to try to fill internal voids.

Sherry quickly understood that she was using food to try to stabilize the imbalances within herself. She was able to recognize that no amount of food could satiate the grief she felt over her mother's death. Instead, she came to understand that she could talk about her loss and cry about it with friends or in therapy. She understood that she needed to find

Connie Stapleton, Ph.D.

healthy purposes to fill the void left from no longer feeling needed by her siblings. Sherry got busy with a variety of volunteer activities and continued in therapy to work on her grief issues. She was able to see that unless she worked toward rebalancing her Centers of Balance, she would remain less than full and likely to turn to food for solace.

Intentional Neglect

Neglect can be unintentional, but it can also be deliberate. When a parent chooses to leave the kids at home alone so she can go to the clubs, neglect is a deliberate choice. When parents are too caught up in their own careers, social lives, or partners to tend to their children's needs, neglect is a deliberate choice. Putting their own needs above the needs of their children is an indicator of the imbalance and emptiness on the part of the parents. The absence of adult attention and supervision in the lives of these children sucks the "good stuff" from their cups. Does this mean these parents are "bad" people or "bad" parents? Not necessarily. It does mean they are making parenting decisions that will adversely affect their children.

Abuse

Research has shown that childhood sexual abuse is frequently a factor in obesity. Sexual, physical, and emotional abuse powerfully disrupt a child's Centers of Balance. Abused people are often very close to empty by the time they reach adulthood. They try to cover their hurt, shame, pain, and rage in a multitude of ways, often turning from one negative behavior to another. Food is frequently a favorite choice for abused people. They don't have to share it. They can be with this treasured friend, food, all alone where no one can bother them. Food doesn't hurt them in the moment and if they're lucky, there is an abundance of it. The emotional pain endures, but as long as there is food, there is temporary solace.

"I knew that my overeating was related to having been sexually abused," said Shanna. "I just didn't know how to stop feeding my face. Even after my surgery. The first week I was home from the hospital, I ate food I knew I wasn't supposed to because I was so desperate to calm the painful emotions inside me. I finally got into counseling. The more I

EAT IT UP!

talked about the abuse and how it has affected my life, the less I felt the pain and the less I punished myself with food.”

Shanna had punished herself throughout her adult life in a variety of ways. She struggled to understand why she behaved as she had, often times acting against her own value system. She had been in one unhealthy relationship after another. Men called her derogatory names and would “love her and leave her,” but she would go back for more. Then she would swear off men but would find herself sitting in front of slot machines for hours at a time. She said, “Food was the only thing that didn’t seem to get me into trouble. I know that doesn’t really make sense because I had high blood pressure and the threat of diabetes from eating so much.”

Shanna learned that abused children believe they have done wrong. They do not blame the adult who hurt them. The victim develops feelings of intense shame and anger, which they are often too young to comprehend. Rarely do they have the skills to communicate such complex feelings, nor do they have anyone to share them with. The internalized feelings are acted out later in life in self-destructive ways that seem to make no sense.

That is very often the case with people who are obese. A negative experience left them feeling badly about themselves. Food is used to medicate the pain but there is never enough food to make the pain go away. More pain is created from the problems caused by obesity. It is a vicious cycle.

Unlike Shanna, Jacob, 26 and unemployed, had not made a connection between having been molested and his sudden increase in weight when he was in the seventh grade. “Everybody said I was gaining weight because I had hit puberty so I just thought that’s what was supposed to happen,” he told me. “I guess thinking back, none of my friends gained so much weight at that time. I didn’t tell anyone about the sexual stuff that happened with the neighbor. It only took place a couple of times and then he moved away. I started smoking pot around that same time. That didn’t help either because I always got the munchies pretty bad which only contributed to my weight gain.”

“I had weight loss surgery three years ago because I had gotten up to 335 pounds,” Jacob continued. “I kept smoking pot, but still managed to lose 140 pounds. As I started losing weight, I found myself crying

Connie Stapleton, Ph.D.

sometimes for no reason. I have never been able to keep a job for very long, even though I'm pretty smart. I have always just felt like an all-around loser. I finally went to the doctor and he sent me to a counselor. That led to my going to treatment for marijuana – and alcohol, which I drank to excess several times a week. I learned in treatment that I started using food and alcohol and drugs so young for a reason – to hide from my feelings. That's when I made the connection between the sexual abuse I endured in seventh grade and my abuse of food and alcohol and drugs. I know now that I have to stay clean and sober and use food only as fuel to live. I'm getting ready to go to college now and want to be a counselor after I graduate.”

An abuser causes damage to a child and then the child grows up and causes himself damage, often not having any idea why. If an abused child does not make the connection between his or her unhealthy adult behaviors and the painful events that happened in the past, that grown-up child will continue to eat too much or drink too much or smoke too much or shop too much or sleep with too many people or engage in a combination of unhealthy compulsive behaviors. Abuse comes in a variety of forms: physical, mental, emotional and sexual. (By the way, just for the record, spanking is hitting and hitting makes a child feel, well, hit. Being hit makes anyone, adult or child, feel hurt, anger and shame. Hitting a child spills her Cup.)

Criticism: Abuse by Another Name

Overt abuse is hard to ignore. Criticism comes in the direct, overt form: “What’s the matter with you? You can’t do anything right”, “I don’t know why I bother with you. You’re not worth it”, and the old favorite of the hard-core criticizer, “You’re a loser.”

Name-calling is also overt criticism. “Fatso,” “Tub of Lard,” and “Hog” are words that obese people know all too well.

But criticism can be equally painful when it’s covert, or indirect. At times people aren’t sure if they are actually being criticized. For example, if your Aunt Carol says, “There’s not a thing wrong with the way you drew that flower, honey. But if it were me, I would have done it this way...”, you may not be sure if she was being critical or not. She could be genuinely sweet and kind and trying to show you how to draw better, or she may be indirectly criticizing you, subtly noting she doesn’t approve of your drawing.

EAT IT UP!

Sandra said her mother, who always wore a smile on her face, could tear through her heart by saying, sweet-as-you-please, “If one wants a thing done right, one must do it herself.” Sandra knew she had sorely displeased her mother when she heard those words in that syrupy sweet voice which had the sting of a wasp.

Sandra couldn’t understand her own compulsion with food until five years after having bariatric surgery and a weight regain of 80 pounds. She only knew for sure that there was a seething anger inside of her that she could not identify. Food always seemed to lessen her pain. Sandra had worked very hard to lose weight following her bariatric surgery. She was upset about regaining so much back and was devastated by the time she found her way to counseling. In therapy, she completed a thorough family history. She identified that both of her parents were very covert and indirect in their interactions with Sandra and with each other. Sandra was able to produce a substantial list of criticisms she had received as a child and that she continued to repeat to herself as an adult. As she worked through the anger about having been criticized so often during her childhood, she began to take her excess weight off. Sandra learned not to use food to try to conceal her emotions.

Abuse by Comparison

Often, comparisons can erode a person’s self-esteem. Comparisons, too, can be direct or indirect. “Why couldn’t you be more like your brother?” is the direct form. “I wonder how it might work if you tried to do the project the way Billy did?” is a subtle, but also stinging form. A constant diet of comparison leads to inner turmoil, a lack of self-confidence, and anger toward the person to whom you are being compared. These feelings, if left unacknowledged or unexpressed, are directly related to overeating and other unhealthy behaviors in an attempt to “not feel.” For a surgical weight loss patient, the consequences of repressing negative feelings are regaining weight, continued unpleasant feelings, and possibly switching to another unhealthy behavior.

Abuse by Chaos

Brain imaging scans have now proven that the brain development of children who grow up in chaotic environments are different from the brain scans of children who are raised in calm environments. It is

Connie Stapleton, Ph.D.

not surprising that children raised in calm environments have, overall, healthier and more efficient brains than children raised in homes where there is fighting or other forms of regular chaos.

Brandi's home was "a verbal battleground." She often hid in her room to avoid fights between her parents or her older siblings and her parents. Bags of chips, cans of soda, string cheese, and chocolate bars were Brandi's constant companions. She could avoid the fear and anger she felt toward her family by literally stuffing herself. Food remained the greatest source of stress-relief in her adult life. Ironically, she chose working in the stock market industry, an unbelievably chaotic environment.

Brandi monitored the ups and downs of stock trading on her computer with the chips, sodas, cheese, and chocolate at her side. Her career choice may have been a subconscious way to recreate the chaotic life she was so familiar with and to perpetuate her negative eating habits. Unless Brandi is able to acknowledge and express her feelings related to living in a chaotic home, she will continue to turn to her trusted calorie-filled friends to ease her emotional pain.

Less Than Full is Less Than Full

Regardless of how a person ends up with cups that are not full and misaligned Centers of Balance, it is imperative to find healthy ways to rebalance. When we feel incomplete, we turn to unhealthy means to fill the void. For bariatric patients, their primary means of doing so before weight loss surgery was food. After surgery, unless they seek to discover what voids their overeating was attempting to fill, they will either turn again to food and regain their weight, or they will find an alternative negative substance or behavior. For 30 percent of those people, that alternative is alcohol.

Abuse by Another's Addiction

Edward's dad was an alcoholic. He never physically abused anyone in the family. However, as the saying goes, "Alcoholics don't get married and have families – they take hostages." Edward and his sister were victims of their father's drunken rantings about what a mistake he made in marrying their mother and how horribly his life had turned out. The

EAT IT UP!

kids lived in constant fear of their father's moods, his monologues, and his insistence that he could drive after drinking. Edward grew up fearful of his father, angry about the way his father spoke negatively about the family, afraid because his father would often drink and drive, and sad because he never had a close relationship with his father. Edward was fortunate to know prior to having bariatric surgery that he needed to deal with his thoughts and feelings about his father so he would not return to unhealthy eating behaviors after the surgery. He did not want to continue to use food to quiet the noise of emotional pain, which calls loudly for attention.

Having a parent who is active in an addiction, whether to alcohol, drugs, shopping, gambling, sex, or food, creates a wellspring of negative emotions for a child, even when that child is an adult. Weight loss patients who are children of active addicts are at high risk for regaining weight or acting out in other negative ways until they deal with their own feelings about their parent's addiction.

The Blame-Shame Game

Obesity is a symptom of underlying issues, a sort of nonverbal SOS. But who's to blame for the cause of the distress call?

"You can blame my parents," Haley said. "They called me 'Dumpling' all my life, not because it was cute but because I was soft and chunky. They embarrassed me in front of relatives and ordered for me in restaurants, telling the waitress that if I ordered for myself I would have pancakes with ice cream for every meal. It is their fault I'm so fat," she insisted.

Haley was 36 years old, owned her own home, worked as a computer programmer, and did volunteer work, writing grants for non-profit organizations. She left her parents home at age 17 to attend college and has never lived under their roof again. She was a very intelligent, capable woman.

Eventually, Haley softened to the truth that at the age of 36 she was completely responsible for the condition of her body at the present time. In therapy, she identified the issues her parents were responsible for which had a negative effect on her, including name-calling, humiliation, and making choices for her that she was capable of making for herself. She shared her thoughts and feelings with her parents, holding them

Connie Stapleton, Ph.D.

accountable for their behavior. Yet she could not blame them for the fact that after living on her own for 19 years, she was obese. She had to take personal responsibility for her own choices and her own behaviors. She had to accept personal accountability. The issue is not one of fault, but of accountability, responsibility and dealing with “what is.”

In your case, as someone who is actively trying to keep excess weight off, “what is” is that you have made a decision to change your life for the better. You have taken responsibility for knowing you need to save your life.

I Had a Perfect Childhood

The evaluation process before bariatric surgery involves the completion of a personality inventory. Nearly half of my clients complete the inventory in a “defensive” manner, attempting “favorable impression management.” Obese people are unaware of, or guarded against, allowing themselves to acknowledge the problems in their lives and their buried emotional pain. This makes perfect sense. That’s what they have used food to do: guard themselves from emotional pain.

Rochelle insisted that neither her parents nor her childhood experiences had anything to do with her being obese. An intelligent, accomplished woman with a 10-month-old son and a husband of three years, Rochelle said the reasons she was obese were that she was “too lazy” to exercise and she “loved to eat.” It took time for Rochelle to work through her defenses before she was able to acknowledge that her role in the family had been to be “the perfect child.” She slowly disclosed how angry she had been with her parents who insisted she participate in “the right” clubs, organizations, and activities. Rochelle had wanted to be a professional ice skater, but her parents said there was “no future in that,” in spite of Rochelle showing early talent in skating. Instead, her parents enrolled her in gymnastics and Girl Scouts, and later “made” her be on the debate team and join the church choir. Rochelle attended pharmacy school at their insistence as well. Her parents were always able to convince Rochelle that “they knew what was best” for her. Voicing her opinion during her youth led to lengthy periods of being “grounded,” so she kept her thoughts to herself. After beginning her adult career, Rochelle gained weight at a rapid pace. She eventually reconciled her sadness and anger about not getting to follow her own

EAT IT UP!

dreams. Her weight finally stabilized.

Sick and Tired of Being Sick and Tired

When you made the decision to have bariatric surgery, you were, as they say in Alcoholics Anonymous, “sick and tired of being sick and tired.” You were sick of the way you felt. Tired of the fatigue that came from carrying excessive weight. Tired of the negative ways you were treated by others and sick of feeling the way you felt about yourself. You alone know the depth of the physical and emotional hell you experienced as an obese person. The decision to have bariatric surgery was a decision that you made over time, following failed attempts at weight loss in the past. Diet after diet, weight loss drug after weight loss drug. Hopes up. Hopes dashed. Weight down. Weight rebound. Finally, enough became enough.

After having weight loss surgery and *finally* staring Happily Ever After right in the face, you hear it. That pesky, irritating, bothersome voice you so hoped the surgeon would find and remove during your surgery. You do your best to do what you have done millions of times in the past. You try to ignore it. But it persists. “What if the surgery doesn’t work?” You get busy. “I’ve never been able to keep weight off before. No matter what I did.” You get busier. “I know I said I would do ‘ANYTHING’ to lose this weight but I really hate exercise and I REALLY, REALLY, REALLY miss my chocolate.” Fear sets in. “How am I going to survive the family reunion next month with the ribs and the chicken and all of the cakes and pies and brownies and Aunt Rita’s cheesecake?” You panic and look for somewhere to turn. Instinctively, you turn where you’ve always turned when you want to ignore the unpleasant: you turn to the refrigerator. Now what?

Now – use this book! Like a wise grandma, this guidebook will help you gain insight by gently pushing you to look deeper into yourself than you may feel you have the courage to do. You will be comforted and bolstered; you may even be scolded or given a lecture or two. Most importantly, however, you will be *celebrated* as you reclaim your authentic self – the self Grandma saw when you were first born into this world – before the burden of obesity hid your light from shining. Grandma knows that God sent you into this world with a full cup. It got spilled along the way, resulting in a rift between you and your spiritual

Connie Stapleton, Ph.D.

truth. Obesity negatively impacted your Spiritual Center and now all of life is off kilter.

Help is on the way. Beginning on the very next page, in fact. And this time, no one can stop you! *Eat It Up! Eat It Up! Eat It Up!*