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**STOP** Welcome to  
**BODY BLAME**  
 Reclaim your Life  
 from Obesity and  
 Emotional Eating.  
**Session 4**  
 Successfully  
 address both with  
 a restricted  
 protocol from  
 EMDR Therapy.

Carolyn Weber ©2021  
[Carolyn@emdrconsultant.com.au](mailto:Carolyn@emdrconsultant.com.au)



EMDRAA  
 EMDR Association of Australia

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Welcome to the fourth session of my on-line course.

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**A reminder**  
 This course is designed to be educational and address the emotional eating prevalent among the majority of adults. This course is not suitable for children or anyone under the age of 18. By engaging in this course, you are attesting to being over 18 and should the material destabilise your mental health, you are accepting the responsibility for this. Carolyn and seek professional help outside of this course. This course is not suitable nor recommended for people either diagnosed with anorexia nervosa, or with a weight below normal and a BMI less than 18.5.


**This is not a weight loss program**

2

This course is educational and is not designed to replace individual therapy.

3

**THE BUTTERFLY HUG**



3

What is your SUDs, with zero no distress, and 10 as distressed as you could be? Today we will learn how to use the Butterfly Hug to regulate our emotions. Looking at both hands, palms towards you, cross one over the other at the wrist, hooking the thumbs together, to form the body of the butterfly, your fingers, its wings. Place your thumbs on your sternum in the middle of your chest, with your fingers spread out and the index finger on or just below the collarbones. If it is more comfortable you may put them on your upper arms or shoulders.

## WHY ALL THIS STUFF ABOUT DEALING WITH YOUR FEELINGS?

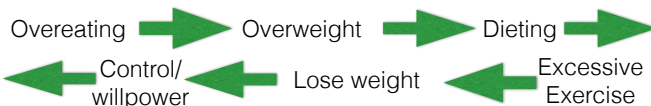
1. Identify foods that provide emotional comfort, how and why.
2. Disconnect the foods using Eye Movements from any emotional reward so participants are no longer drawn to them.
3. Learn to use EM individually under guidance.
4. Learn and practise ways other than by comfort eating to identify and deal with emotions.

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We can identify the comfort foods, the why and wherefores.

We can learn to disconnect the positive feelings from those foods, but if we don't learn to gain those positive feelings in other ways, Sgt Amy has an extensive pantry to use. So what are you feeling now? Why do you need positive feelings now?

## EMOTIONAL EATING - THE CYCLE



*Fitting emotional eating into an addiction model can be thought provoking and especially showing control measures are as much a part of the problem as excess eating.*

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No matter where you are on this emotional eating cycle, whether or not you are at the moment overeating, dieting, using any means you can to control what you are eating whether diet or exercise or distractions, you aren't paying attention to the real cause, which is how you are really feeling now. So I want you to take the time to focus on that. Ignoring our emotions leaves out a lot of information that can help us.

*Stress Rating Instrument  
Thomas Holmes, MD*

### SCHEDULE OF RECENT EXPERIENCE

**Instructions:** Think about each possible life event listed below and decide how many times, if at all, each has happened to you within the last year. Write that number in the Number of Times column. (Note that if an event happened more than four times, you would still give it a 4 in that column).

Event	No. of times	X	Mean Value	=	Your Score
1. A lot more or a lot less trouble with the boss.		X	23	=	
2. A major change in sleeping habits (sleeping a lot more or a lot less or a change in time of day when you sleep).		X	16	=	
3. A major change in eating habits (eating a lot more or a lot less or very different meal hours or surroundings).		X	15	=	
4. A revision of personal habits (dress, manners, associations, and so on).		X	24	=	

It never occurred to me to use this or any other measurement back in 2012

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After I disconnected from my comfort foods, I needed to step away from the situation to see what was happening. I couldn't look at the letters, or photos, or a particular video, because I didn't want to see what was there. Unconsciously I was protecting myself. I talked about how the brain does this in a previous video. However, questionnaires like the Schedule of Recent Events might help. With the COVID - 19 sheltering at home, I realised how many 'recent events' needed ticking. A major change in sleeping habits (sleeping a lot more or a lot less or a change in time of day when you sleep). Now look at this to see what has happening in your life recently. Fetch a piece of paper. I will read out the questions and if this has happened

in your life in the last 12 months, just note down the score. A lot of questions may not be relevant, but that is okay. However, during the COVID - 19, you may find a lot are highly relevant and will remain so.

Event	No. of times	*	Mean Value	=	Your Score
5. A major change in your usual type or amount of recreation.		X	19	=	
6. A major change in your social activities (e.g. clubs, dancing, movies, visiting, and so on).		X	18	=	
7. A major change in church activities (attending a lot more or a lot less than usual).		X	19	=	
8. A major change in the number of family get togethers (a lot more or a lot fewer than usual).		X	15	=	
9. A major change in your financial state (a lot worse off or a lot better off).		X	38	=	
10. Trouble with in-laws.		X	29	=	
11. A major change in the number of arguments with spouse (a lot more or a lot fewer than usual regarding child rearing, personal habits and so on).		X	35	=	
12. Sexual difficulties.		X	39	=	
13. Major personal injury or illness.		X	53	=	

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Event	No. of times	*	Mean Value	=	Your Score
14. Death of a close family member (other than spouse).		X	63	=	
15. Death of spouse.		X	100	=	
16. Death of a close friend.		X	37	=	
17. Gaining a new family member (through birth, adoption, oldster moving in, and so on).		X	39	=	
18. Major change in the health or behavior of a family.		X	44	=	
19. Change in residence.		X	20	=	
20. Detention in jail or other institution.		X	63	=	
21. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, and so on).		X	11	=	
22. Major business readjustment (merger, reorganization, bankruptcy, and so on).		X	39	=	
23. Marriage.		X	50	=	
24. Divorce.		X	73	=	

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Event	No. of times	*	Mean Value	=	Your Score
24. Divorce.		X	73	=	
25. Marital separation from spouse.		X	65	=	
26. Outstanding personal achievement.		X	28	=	
27. Son or daughter leaving home (marriage, attending college, and so on).		X	29	=	
28. Retirement from work.		X	45	=	
29. Major change in working hours or conditions.		X	20	=	
30. Major change in responsibilities at work (promotion, demotion, lateral transfer).		X	29	=	
31. Being fired from work.		X	47	=	
32. Major change in living conditions (building a new home or remodeling, deterioration of home or neighborhood).		X	25	=	
33. Spouse beginning or ceasing to work outside the		X	26	=	

Event	No. of times	*	Mean Value	=	Your Score
home.					
34. Taking out a mortgage or loan for a major purchase (purchasing a home or business and so on).		X	31	=	
35. Taking out a loan for a lesser purchase (a car, TV, freezer, and so on).		X	17	=	
36. Foreclosure on a mortgage or loan.		X	30	=	
37. Vacation.		X	13	=	
38. Changing to a new school.		X	20	=	
39. Changing to a different line of work.		X	36	=	
40. Beginning or ceasing formal schooling.		X	26	=	
41. Marital reconciliation with mate.		X	45	=	
42. Pregnancy.		X	40	=	
<b>Your Total Score:</b>					

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Stress Rating Instrument Thomas Holmes, MD

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Scoring:

✓ ■ Multiply the mean value by the number of times an event happened, and enter the result in the Your Score Column.

✓ ■ Add up your scores to get your total score and enter it at the bottom of the schedule. (Remember, if an event happened more than four times within the past year, give it a 4 in the Number of Times column. A 4 is the highest number that can be used in the Number of Times column).

The higher your total score, the greater your risk in developing stress-related symptoms or illnesses. Of those with a score of over 300 for the past year, almost 80% will get sick in the near future. Of those with a score of 200-299, about 50% will get sick in the near future. Of those with a score of 150 – 199, about 30% will get sick in the near future. A score of less than 150 indicates that you a low chance of becoming ill. The higher your score the harder you should work to manage stress and stay well.

## Update on Jules



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## USE OF HEALTH SERVICES

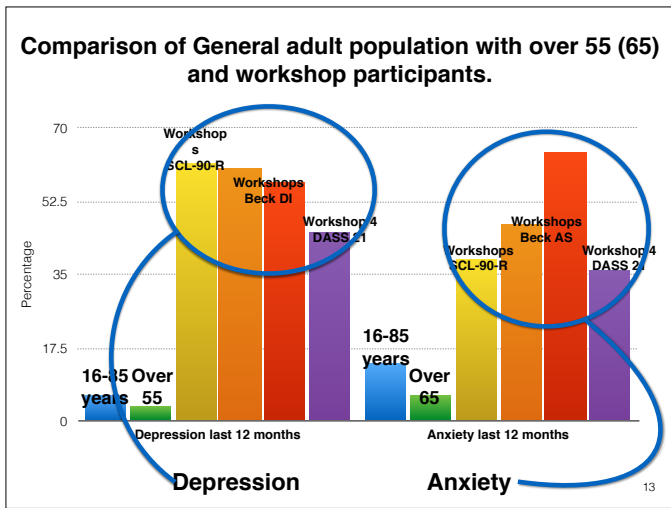
- Two thirds do not seek help.
- Of the third seeking help, (37% for age 55-85) 28.9 % in that age group see their GP, 8.9% see a psychologist, 17.6% see another type of practitioner.
- 26.9% of population is 55 plus. 6.9 million
- 2.9 million, need help, 1 million seek help, 85,000 seek help from a psychologist. 23,000 private psychologists, so see 3.7 clients in this group.
- 2.5 million people do not seek help despite having a significant mental health issue.

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There are nearly 26 million people in Australia. Adults 16-85, nearly 21 million. Surveys concerning the mental health of Australians show that when the clinically significant scores for anxiety and depression are included, they are extrapolated so that in any year 20% of adults have a mental illness. This is equivalent to more than 4 million having a mental health problem but 65% do not seek any help = 2.5 million people.

Unfortunately, in order to access a rebate from Medicare for non-physical/psychological issues, the government decided in 2006, that people had to have a mental illness, which was demonstrated for most people by high scores for anxiety and depression. This is of course a definition that looks at people using a medical model. So very quickly, approximately half the population was designated as having had, having or sure to have a mental illness. However, I see that this indicates people have an amygdala and a brain that is working the way it is meant to work and it just needs to learn something so the person is more comfortable.



When I run these courses face-to-face with groups, I give out various questionnaires to help people identify their negative emotions. This is not done with the intention of diagnosing anything but as a stimulus to make the unconscious feelings conscious. Here are the statistics for depression in the adult population. In the over 55's, which is relevant for the course participants represented here, the incidence is even lower. Although only 50% handed in their results, you can see that no matter what questionnaire was used, the scores are quite high. None of the participants indicated they were being treated for either depression and as you will see, anxiety on the information form although one female indicated during the six weeks of the workshops that she was motivated her to seek help from her GP. The statistics with anxiety follow a similar pattern, with a much lower incidence in older people. However, this was in contrast with what was revealed in the courses. Thus it seems that the people motivated to attend the course are from the 65% of people who do not seek help. In Group 4, the purple group, scores were again similar, with data collected from 12/15 participants. When asked to rate issues as you were in session 1, Anxiety was rated a mid-order or lower priority indicating that the majority did not perceive this as a problem. So is this a surprise? Not really. It reflects the function of emotional eating which is to keep the conscious mind unaware of what the unconscious is feeling. Emotional eating is a short cut to coping with our negative emotions and experiencing ones we prefer.

## SHOULD YOU ACCESS ANY OF THESE QUESTIONNAIRES YOURSELF?

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- If you access any of these questionnaires I have mentioned, that also provide scoring on the internet, realise it it to simply give you basic information about how you feel and cannot give you a diagnosis.
- If your registered health professional has directed you to this course, please follow their directions as regards what questionnaires to complete.
- Do remember that the questions being included in this course are to stimulate you to be aware of your emotions. Emotions are information. It is okay to have them!

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**Before you panic about numbers on a self-reporting questionnaire, you may like to read the article by the psychiatrist Sam Lieblich to put things into perspective. The questionnaires are simply a stimulus for you to think about how you feel, not for you to self-diagnose.**

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*psychiatry pathologises some of the normal problems of human life*

*There is still however a lot of confusion about the status of the things that psychiatrists treat. These are by no means illnesses, and the medications doctors use to treat them are by no reasonable measure effective.*

By Sam Lieblich

<https://overland.org.au/previous-issues/issue-239/feature-ignorance-is-bliss/?fbclid=IwAR3ymCXMkQt1a7yBbinFINWrZkU3UvoOiBFgLuyIMjytEIBlvWtornt4iU>

**From Mental Health Industry to Humane Care. Suggestions for an Alternative Systemic Approach to Distress**

Radosław Stupak  
and Bartłomiej Dobreczyn's

**“an important question in psychiatry shouldn't be what's wrong with you but rather what's happened to you.”**

<https://www.mdpi.com/1660-4601/18/12/6625>

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Please go to the following website and complete the DES questionnaire.

<http://traumadissociation.com/des>

If your score is greater than **30**, please contact Carolyn or your course leader to discuss how to manage any difficulties that may arise while doing the course as it may not be suitable for you at this moment.

Cite this page Dissociative Experiences Scale - II. (Nov 18, 2020). Traumadissociation.com. Retrieved Nov 18, 2020 from <http://traumadissociation.com/des>. The copyright for the questions, answers and scoring method belongs to E.B. Carlson & F.W. Putnam, the original authors of the research, who have given permission for it to be copied, distributed or reproduced for research and clinical use. See references. The remaining information can be copied or modified for any purpose, including commercially, provided a link back is included. License: CC BY-SA 4.0 Try it yourself: <http://traumadissociation.com/des>

17

I WASN'T SURE WHAT WAS MY COMFORT FOOD

18

At 66, I had lost the same 10 kgs many times. I was very unsure what food I needed to disconnect from what positive emotion. It seemed a bit more complicated.

I USED PHOTOS TO SHOW WHEN I WAS IN THE EMOTIONAL EATING CYCLE

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• So look at photos, write down what was happening at the time.

19

- At 16, 48.7kgs. At 23, 54kgs on a diet. It worked as I became engaged six days later. Thinking? 5 months later, wedding, 57 kgs and thought I was fat! BMI of 20.9= normal The beginning of believing as I grew older I would weigh more. What we believe has a huge effect on how we behave. I was still slender after having 5 children. I didn't buy into that myth that having children made me fat, but gaining weight was inevitable as I grew older. I had falsely assumed that I was not an emotional eater, as this smacked a little too much of lack of control, weakness and psychological deficit. As a psychologist perhaps one might think that I could have countenanced this? However, every psychologist has an unconscious mind too. I accepted too much in, not enough out, but did not see why I would want more going in than I needed. If I was eating more than I



needed physically it was obvious I was eating for psychological and emotional needs. I ate to comfort myself. A thirty something client was quite sure that her gaining of five kilograms over the previous six months was due to her lack of exercise and not the fact that she was eating more than she was needing owing to her anxiety. She was quite assertive about eating good foods, but the fact is that if you are gaining weight you are eating more than you need. Period. If you only focus on the expenditure side of the ledger, believing you have to increase output, you will miss important information about input. In her case, she was adamant that the cordial that was replacing her alcohol consumption had to be better than the wine, in terms of lower sugar content. After all, she had free access to cordial as a child, so she reasoned it must have been on the approved parental list of goodies. So the two and a half cups of sugar in the cordial could be safely ignored. So look at photos, write down what was happening at the time.

### *Robert Miller's Feeling-State Theory of Impulse-Control disorders*



- ✓ “Impulse Control disorders are created when positive feelings, linked with specific objects or behaviour, form a positive state-dependent memory” (p3)
- feelings refer to the complex totality of emotions, sensations, thoughts

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So I went back to the theory. Robert Miller had written about Impulse Control Disorders. I certainly had a problem with controlling the impulse to eat! He wrote about how a positive Feeling State connected with that impulse. I had difficulty find those feelings in the present. Those feelings, behaviours were happening at an unconscious level so I had to discover the positive feelings that were created in my childhood. The simplest way was just thinking about it. So I sat quietly and thought about my childhood and what relationship I had with food. The favourite treat was a cream-filled pastry horn. They increased my liking for fats and sweets and I remembered them with pleasure. Most people very quickly identify their comfort foods from their present behaviour without needing to resort to food diaries. Sometimes too the food from your childhood is not in the same form in the present.

## DESIRE TO EAT

- ✓ Specific objects or behaviours link to positive memories creating a positive feeling state.
- ✓ Physical pleasure when remembering that food
- ✓ Emotions connect with that physical sensation
- ✓ Desire to Eat (DTE) *6 out of 10*
- ✓ Positive cognition *I am loveable*
- ✓ Disconnect pleasure from experience of eating that food with EM *DTE = 0*

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A colleague and I explored using this individual addiction protocol, using each other as the subject. The sensations of pleasure in my body related to comfort, fullness in the stomach, a decrease in tension in shoulders, warmth. The feelings may be expected to be those of pleasure, but it is much more complex than this. In fact, sitting with the image of the cream-filled pastry horn, the fact that my mother had chosen this as a treat for me, reminded me that I was loved.

After using quite a few sets of eye movements, my DTE was down to zero when I thought about the cream-filled pastry horn.

YUMMY

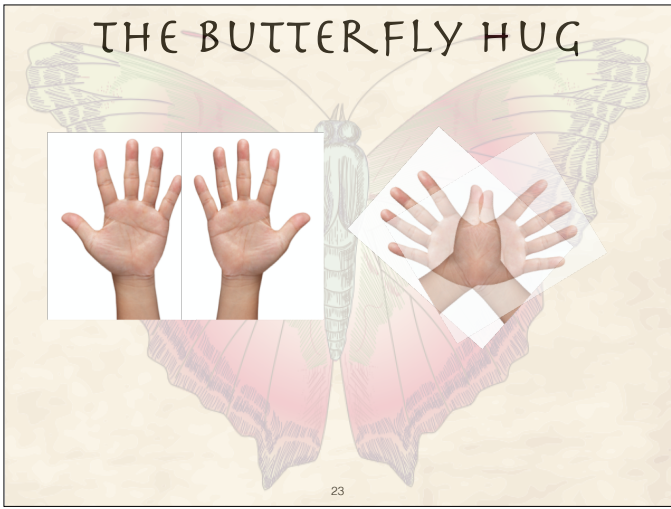
*The main thing I took in was that 70% desire is a lot of desire to expect the will to conquer. I did know that will power is finite, but the percentage figure was useful.*



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This was quite successful and I found it easy to walk past pastries at parties and despite making lovely baked cheesecakes, and other baked desserts, found that I did not want to consume more than a small portion and no longer devoured the rest if any was left uneaten. Even on a river cruise down the Danube and Rhine, where there was a smorgasbord of Danish pastries and croissants I would once have died for, I was no longer tempted. I was armed with more facts, and was no longer attached emotionally to pastries, but I continued for another six months to struggle with controlling my eating with minimal success, losing only around six pounds (2.5 kgs). At the end of 2012 I was still obese at 192 pounds (87.5 kgs) I needed to go deeper. I knew that no matter what program I used, such as the protein diet on which I had lost 17kgs once before, the CSIRO diet, my dietician's diet, the weight watcher's diet, even using hypnosis tapes, it was not going to work over the long term if I did not really identify the emotional basis for my eating more food than I needed.



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