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Can Hypnotherapy Provide A Solution To Obesity?

A Research report considering why, if and how The Virtual Gastric Band Programme can be an effective aid.

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1 Introduction

1.1 Background

About 64 per cent of adults in the UK are considered to be overweight or obese. Obesity is a risk factor for diabetes, heart disease and other serious medical conditions and costs the NHS billions every year.

At any one time data shows that one in three women and one in five men are on some sort of diet, guided eating programme or watching what they eat.

25% of people who have tried to lose weight have done so using at least 20 different diets, and 60 percent of all dieters have regained the pounds they once shed. The number one reason cited by and About.com/Insight Express survey of 500 adults stated dieters fail when either they get tired of the diet routine, the diet doesn't allow them their favourite food, or that the diet was too restrictive to stick with.

The effects of quick-fix diets often don't last, as many people fall back into old eating and activity habits after the weight is lost, and it is commonly known that the key to achieving ideal weight is to make changes to diet and lifestyle that you can stick with for life. It is considered that the safe weekly rate of weight loss is between 1lb and 2ib's per week.

Following early initial research in the United Kingdom with Hypnotherapy for weight loss, and in particular a programme which utilised the concept of a Virtual Gastric Band, it was decided to survey the available quantitative data around this programme(whilst awaiting the paper to be written following a clinical trial at Hull University) on a much wider scale, an international scale, (that would also take into account possible cultural differences), and examine available clinical research into weight loss and eating habits with a view to offering a better understanding and likely explanation as to why hypnotherapy for weight loss and in particular utilising the concept of a Virtual Gastric Band may be such an effective solution to weight loss.

1.2 What is The Virtual Gastric Band Programme?

The Virtual Gastric Band Programme is a four session programme of Hypnotherapy that is conducted with a client face to face, which is designed to change how someone thinks about food, to enable the client to adopt a new set of eating habits, by making some small realistic changes, that the client can realistically live with. It is not a diet, clients eat what they want, but are trained to be satisfied on smaller amounts. Portion control is addressed from the very first session, by utilising the concept of a virtual gastric band, the aim of this is not to make a client 'think' that they have a gastric band fitted, moreover it is a tool to get the client to respond to the instinctual signals, and stop eating when they feel comfortable. Clients report varied experiences of this with many reporting no conscious connection with this element of the programme, but they are eating less, many report to only be eating a third of what they were eating before. The programme is not reliant on this 'Gastric band' element being accepted by the client, although it is something that buys into the clients imagination, as the programme also has numerous elements to address emotional aspects of eating, craving control, food choices, motivation and exercise, using metaphors for change and goal setting. The average weight loss a client reports is 7lb in the first week, with 1 – 2lbs per week after that.

1.3 What is Hypnotherapy?

Hypnotherapy is a form of psychotherapy used to create unconscious change in the patient in the form of new responses, thoughts, attitudes, behaviours or feelings.

A person who is hypnotised displays certain unusual characteristics and propensities, compared with a non-hypnotised subject, most notably heightened suggestibility and responsiveness.

In 2001, the Professional Affairs Board of the British Psychological Society (BPS) commissioned a working party of expert psychologists to publish a report entitled *The Nature of Hypnosis*.⁽¹⁾ Its remit was 'to provide a considered statement about hypnosis and important issues concerning its application and practice in a range of contexts, notably for clinical purposes, forensic investigation, academic research, entertainment and training.' The report provides a concise summary of the current scientific research on hypnosis. It opens with the following introductory remark:

"Hypnosis is a valid subject for scientific study and research and a proven therapeutic medium."

With regard to the therapeutic uses of hypnosis, the report said:

"Enough studies have now accumulated to suggest that the inclusion of hypnotic procedures may be beneficial in the management and treatment of a wide range of conditions and problems encountered in the practice of medicine, psychiatry and psychotherapy."

"There is evidence from several studies that its [hypnosis'] inclusion in a weight reduction program may significantly enhance outcome."

1.4 Objectives

The objectives of this research are to:

- Gather the available data around the Virtual Gastric Band Programme.
- Consider the available Clinical Research into weight loss and eating habits, to examine why hypnotherapy for weight loss may be effective.

2 Methodology

2.1 Research Questions

The research questions asked by the survey were:

1. How many Clients have you treated using the Virtual Gastric Band Programme?
2. What is the Aggregate Weight Loss that your clients have reported?
3. How many Clients have reported notable Quality of Life Outcomes? i.e. Blood Pressure, Blood Sugar, Change of Medication, Increased Energy, Healthy Eating, Confidence etc.

2.2 Research Design

The quantitative data was gathered by the use of an email survey that private Hypnotherapy practitioners who have been trained in the Virtual Gastric Band Programme responded to.

Private practitioners in Australia, America, Canada and the United Kingdom responded.

Results shown were gathered over a two year period ending 31/1/14. The following table summarises the methods used to answer each question:

Table 1 Methods used to answer research questions

Research Question	Method Used to Answer Question
How many Clients treated	Email Survey (survey monkey)
Aggregate Weight Loss	Email Survey (survey monkey)
Notable Quality of Life Outcomes	Email Survey (survey monkey)

2.3 Data Collection and Analysis

All data was collected by an internet media company, Yorkshire Media Ltd.

Yorkshire Media Ltd. issued the survey to trained practitioners via email and survey monkey, and collated the responses.

2.4 Limitations

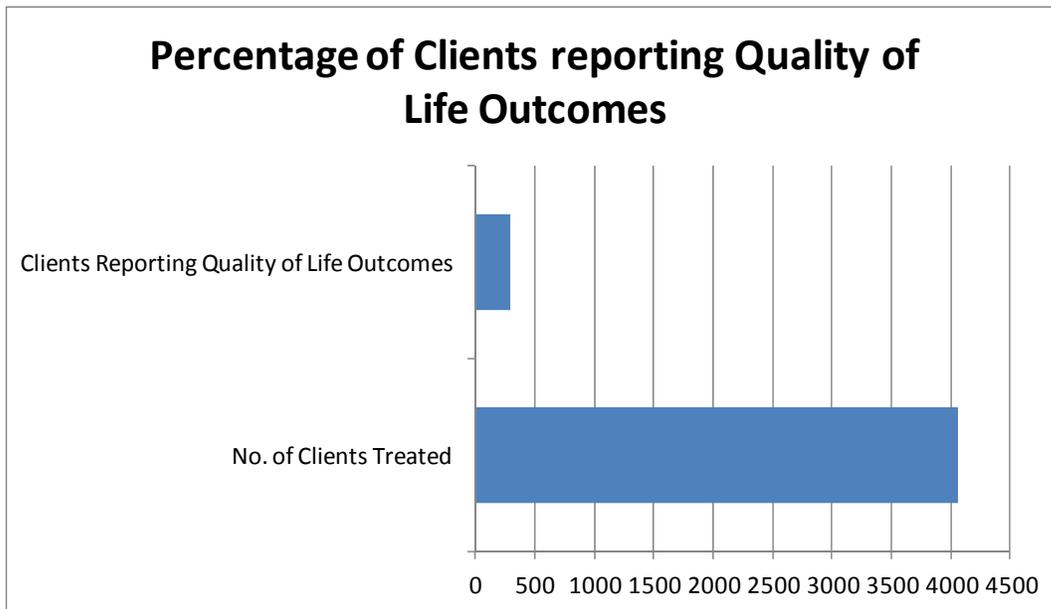
There are many and numerous limitations to this study, as there was no control group, and the individual practitioners will no doubt have used different methods of keeping client records, which would affect the data shown. Because of the way the survey was carried out, we are not able to determine the breakdown of the results by Country.

3 Results

3.1 From the surveys that were returned, the following results were reported:

Research Question	Collective Results
How many Clients treated	4057
Aggregate Weight Loss(in lbs)	99,998
Notable Quality of Life Outcomes	296

3.2 The results show an average weight loss per client of 24.64 lbs, with 7.29% of clients reporting quality of life outcomes.



4 Obesity Studies

4.1 Obesity and Portion Size

The increase in the prevalence of obesity has coincided with an increase in portion sizes of foods both inside and outside the home, suggesting that larger portions may play a role in the obesity epidemic. Despite increases in intake, individuals presented with large portions generally do not report or respond to increased levels of fullness, suggesting that hunger and satiety signals are ignored or overridden. Increases in portion size have occurred in parallel with the rise in the prevalence of obesity, which suggests that large portion sizes could play a role in the increase in body weight.

In very young children, food intake appears to be relatively unaffected by portion size.

Data from a controlled study showed that, when 3-y-old children were served different portions of macaroni and cheese on three separate occasions, they consumed similar amounts at each meal. This suggests that **very young children, rather than responding to food cues such as portion size, are able to self-regulate their intake by responding to physiologic cues for hunger and satiety.**

It is not clear why children are more influenced by portion size as they age. Data suggest that early experiences lead to the development of behaviours that shape eating habits. In one experimental study, the 4-y-old children who were rewarded for cleaning their plates increased their energy intake. (2) Conversely, the children who were taught to focus on satiety cues, indicated by the fullness in their stomachs, ate an appropriate amount of food. **Thus, the response to portion size by children could be a learned behaviour that leads to a shift of attention away from internal hunger and satiety cues toward food cues in the external environment.**

The experimental evidence demonstrates that portion size has a significant effect on food intake in adults in the short term. The effect of portion size was seen not only with a variety of foods in single meals (3,4), entrées in a restaurant (5), and foods over several days with a variety of characteristics. Increases in intake were observed in both men and women across a range of ages, body weights, and psychological factors, such as scores for dietary restraint and depression. It is not clear why individuals consistently increased their intake as portion size increased. In the single-meal studies (6,7), it appeared that subjects were unaware of their extra intake, in that they did not report feeling fuller after eating significantly more food. In the studies that included multiple meals (6, 7), subjects reported that they felt fuller, yet they did not respond by eating less within the meal or at subsequent meals. **This suggests that adults ignore or override hunger and satiety signals when presented with large**

portions of food. It is possible that individuals learn to eat in the absence of hunger as young children and continue with this eating behaviour into adulthood (8).

4.2 Obesity and Stress

Stress has been shown to be a potential link to obesity. Stress will always be a part of daily living and is necessary for providing challenge to physiological and psychological development. However, too much stress over a period of time combined with poor coping habits may cause physical, chemical, and hormonal imbalances in the body, thus leading to disease and death if left unchecked. The pathways of the stress response are complex and may activate other hormonal pathways, resulting in the release of cortisol. The chronic release of cortisol combined with altered tissue production is linked to the development of abdominal obesity in both men and women. Cortisol is associated to overeating, craving high caloric fatty and sugary foods.

Animal and human studies have demonstrated that cortisol injections are associated with increased appetite, cravings for sugar, and weight gain. Epel et al. demonstrated that premenopausal women who secreted more cortisol during and after novel laboratory stressors chose to consume more foods high in sugar and fat. It has been thought that cortisol directly influences food consumption by binding to receptors in the brain (specifically, the hypothalamus). This can stimulate an individual to eat food that is high in fat and/or sugar. Cortisol also indirectly influences appetite by regulating other chemicals that are released during stress such as CRH (corticotrophin releasing hormone), leptin, and neuropeptide Y (NPY). High levels of NPY and CRH and reduced levels of leptin have been shown to stimulate appetite.

4.3 Sugar and Cravings

Action on sugar is a group of specialists concerned with sugar and its effects on health. Action on Sugar has warned that sugar is a major cause of obesity as well as being “a major cause of obesity”, there is “increasing evidence that added sugar increases the risk of developing type 2 diabetes, metabolic syndrome and fatty liver”.

For normal-weight people, an empty tummy triggers the brain to get some food. When the tummy gets filled, the tummy gets happy, and that’s the end for about five hours or more. Some obese people however find themselves eating again only an hour or so after a meal. Scientists think they know why. Brain-imaging MRI scans of healthy subjects, some of whom were obese, reveal that when levels of glucose, or blood sugar, drop, the brain region that regulates impulses can't control the desire for high-calorie sweets and snacks. This craving for high-calorie food is particularly acute among the obese.

4.4 Physical Activity

There is a growing body of evidence that shows physical inactivity to be a better predictor of obesity than measures of diet quantity or quality. Furthermore, research shows us that people who are overweight but fit, have a lower risk from dying from all causes, including heart disease, than people who are unfit but a healthy weight.

Exercise is also important in the treatment of people who are already obese and has a particularly useful role in the long-term maintenance of any weight loss. Physical activity is associated with improved motivation and therefore with better dietary compliance, increased lean body mass, and an amelioration of the usual suppression of metabolic rate which accompanies weight loss.

Participation in some form of exercise seems to be a key element of successful weight loss programmes.

5 Conclusion

Weight loss with hypnosis can work effectively and brings about results such as demonstrated in this survey for a number of reasons, which can be extrinsically linked to clinical research around weight loss.

The fundamentals of The Virtual Gastric Band Programme, focuses on the key issues that are already clinically linked to obesity, namely Portion sizes, Stress, Cravings and exercise. Hypnosis can help create and reinforce the new habits within the mind, and give greater focus towards achieving goals. In addition the programme addresses the top cited reasons why diets fail.

Most health professionals will agree that to make a 'diet' a success, it shouldn't be thought of as a diet. Instead make a lifestyle change that allows you to continue eating your favourite foods –in moderation. Never continue eating after you are full, and try not to use food to comfort yourself.

Clients seen through the programme Virtual Gastric Band Programme, have been retrained to recognise and respond to satiety, feel calmer and more relaxed, have an improved perception to types of food, are able to recognise and remove their inner 'voice of the cravings' and an increased motivation to exercise.

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