

eWorkbook with

Spoken Content & Many Illustrations

Release Your Willpower

MOTIVATION FOR
Healthy

Weight Loss

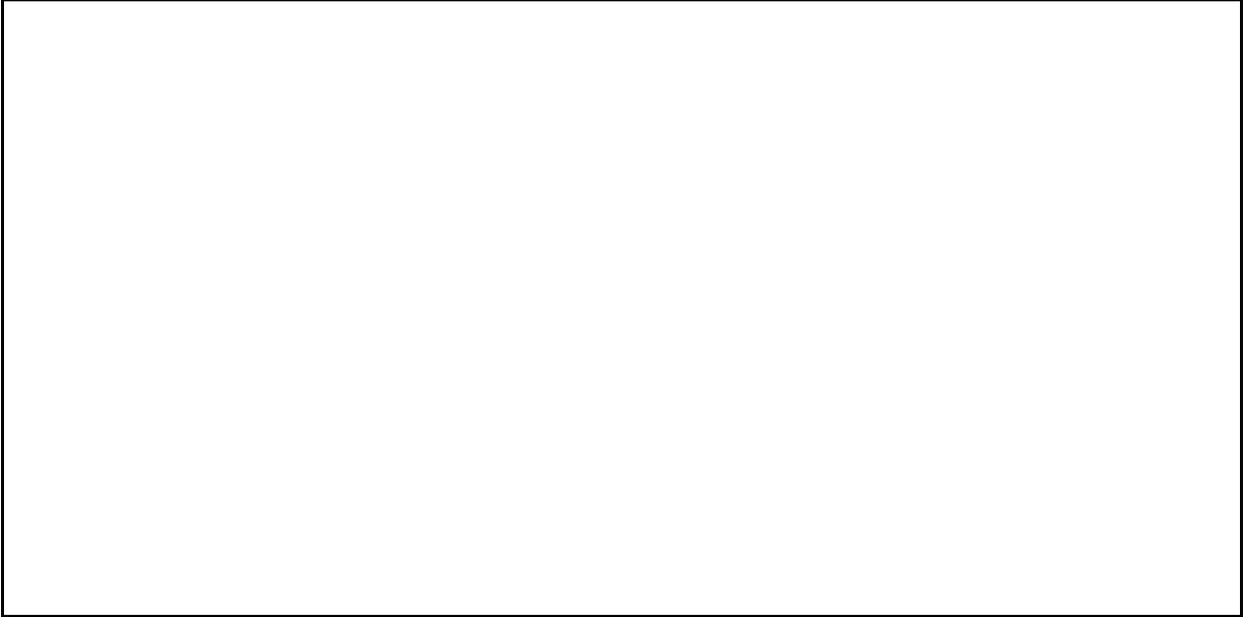
AND

OVERWEIGHT
PREVENTION

32 YEARS
IN THE
MAKING

Perhaps Because It's Free ...
The Public Health Risk Crisis
of Our Time
Explained and Answered

Dr. Richard T. Lovelace



Motivation for Healthy Weight Loss and Overweight Prevention

Actual Answers for Weight-Loss Willpower, Motivation and Excess Body Fat Control

Dr. Richard Terry Lovelace, Ph.D., MSW

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In loving memory to
my father, R. G. "Dick" Lovelace,
mother, Elsie and
brother, Steve

Acknowledgments

Virginia Stafford, my deceased colleague and friend, provided much support and a case illustration. Ginger, I miss you. Dr. Ronald K. Lean gave early and continued encouragement. Thank you, Ron. Also, my gratitude goes to the more than 25 health care professionals who served as readers or peer reviewers. Most of all, I deeply appreciate the 10 thousand patients and workshop clients who so willingly shared small but crucial portions of their lives.

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Author's Note

Welcome program participant. I am pleased you're here and not at all glad you need to be.

Let's begin with what might sound like an unnecessary or silly question. Have you found yourself intending to but still not doing enough of what experts said would get rid of or keep away unhealthy pounds?

Perhaps you told yourself something like, "Today, I'm going to do better. I'll start a diet and return to the gym I pay but infrequently use." Maybe you promised yourself, "I'll go home after work, eat a sensible dinner and not graze the rest of the evening." When you didn't diet or exercise like you planned, didn't eat moderately or avoid nighttime snacking, you thought, "There must be something missing in me. I don't have enough willpower."

If some of that is familiar, you're at the right place. You are reading the book written for you and 90-some-percent of all overweight and at-risk of becoming overweight adults now living in developed countries around the world.

You can simply add-on this confidence and control-releasing program. It doesn't compete with or condemn any approach to diet or exercise . . . but doesn't require learning more than what you already know about them. In other words, if you want, you can combine this with any safe (for you) nutrition or weight-loss diet program, exercise method or device.

Your true and new answers have been throughly pretested and reviewed. For the past 33 years, I wrote, produced and gave away at least 10,000 copies of this program and its many earlier versions to my patients and workshop clients. Most of those who I followed up with and asked told me they were pleased with their progress: it worked. I presented the essential parts to a large group of my colleagues. Another 25 healthcare clinicians reviewed and said they agreed with those parts.

You can benefit very much from knowing about a less favorable review given by a behavior theory and statistics professional. I gave him the first chapter and other manuscript materials that summarized the central concepts and insights you'll learn about here. I had asked him to read rather than skim and to not skip around. And I requested that he write his answers to the tests in chapter one. He indicated in his written critique that he'd done little of what I requested.

The professional questioned the "validity" of some the new insights and gave what I was sure were intended to be constructive criticisms. He said, for instance, there should have been but weren't examples of "politically correct untruths" about overweight and weight loss. They were and still are there and stated clearly. He completely missed them. He tried to weaken my confidence by questioning my motives. That highly respected and capable scholar suggested I was doing the work for no significant reason other than to make money.

One of my strongest beliefs is that accurate and original solutions surfaced because no expert wanted and intended to profit financially from them. Participant, you might need that insight and some reassurance . . . considering what you're about to read in chapter one. Nearly all earlier versions of this program weren't sold and fewer than 100 copies were (at cost or less) to my patients and others.

In short, I haven't been and am not now doing this to make money. Intending zero disrespect of anyone, working with you to help save your health and protect all of what you care for and about, now and in the future, is far, far more important.

It's crucial, essential, all-important that you take advantage of an answer that more recently surfaced. You'll find that in chapter one. It's a clinically tested way to gauge the severity of "overweight risk denial." Denial severely limits and can destroy control . . . our powerful and ongoing will to be or remain healthy and happy. While occasionally useful, denial is a "psychological defense mechanism" that behavioral health professionals recognize as "the major internal obstacle to protecting personal health." It hurts all of us to some extent and eventually threatens everyone we love.

Also, please take advantage of Motivation for Healthy Weight Loss' "spoken content" you can read or record for yourself or secure online for free and recorded for you. Doing that requires only a few minutes. Begin using the spoken content soon and you will find it's the simplest and most useful part of this program. As new editions of the free audio tracks become available, I'll put them on this Web page, <http://www.TruthForHealthyLiving.org/BRP-CD.html>. Visit, download and listen anytime.

Be sure to go ahead and carefully read the legal notice materials in this book and online at <http://www.TruthForHealthyLiving.org/regal.html>. By continuing, you confirm that you agree to and with those legal notice materials and qualify to us this program.

Do you have nonfiction books that you started and even liked but still didn't finish? You can avoid that with this one by doing little rereading as you go. Instead, read all the way through to the end and then reread and study those parts you want to understand better. The first review takes only as much reading (number or words) as many people put into three and one-half weekday newspapers.

Avoid skipping or skimming the first chapters to more quickly get to the heart of this book. A patient who read an earlier (author-prepared) version expressed the sentiment of many readers regarding the value of the early chapters. She said, "The first four chapters took a big load off my mind before the others took the pounds off the rest of me."

This is a program. Motivation for Healthy Weight Loss and Prevention, follows an orderly series of steps. Each is easy to take from the one that goes before. If you skim or skip around, you can accidentally create misunderstandings that will reduce your opportunity for success. Because the benefits you get build from one step to the next and so much of what helps is covered near the end, avoid expecting to recognize the progress you're making before you finish.



You will find a good reason for this recommendation in a later chapter: Keep from talking about this program and your use of it with anyone — except your medical doctor or the professional who encouraged you to use it — until at least three weeks after you finish reading. Tell anyone who asks that you are doing the “avoid talking about it” program. Feel free to email me at <richard@truthforhealthyliving.org>.

Some sentences will be unusually worded or awkwardly constructed. Avoid letting that interfere. You will find I wrote that way to keep from giving you subtle conflicting messages and to be accurate. I believe you're willing to concentrate more knowing that my aim is to make the content more valuable.

Cigarette smokers will relate what Motivation for Healthy Weight Loss says to their basic reason for smoking nicotine and find the confidence and guidance needed to stop without adding body fat. Part of the motivation for creating this work was wanting to respond to what I heard from 18,000 smokers. Many of them gave concerns about weight gain as their primary reason for continuing. More older smokers had resisted giving up cigarettes for that reason. Because of their ages and having smoked longer, they had more health risks. Smokers can use these answers to reduce those risks.

Motivation for Healthy Weight Loss and Overweight Prevention is the first text or program I've found that identifies and then offers a solution for the essential cause of unhealthy overweight and obesity. That is blocked sufficient and persistent motivation, willpower. I am sure it's the only one to offer that without the uncomfortable strain or stress people dread having when attempting to get rid of or prevent getting ongoing excess bodyweight.

Motivation for Healthy Weight Loss and Overweight Prevention is an illustrated guidebook with a total 32 minutes of spoken content people can read or record for themselves. (Also available in three simple-to-get audio tracks available for free on the Web.) This program empowers truthful believing and seeks to serve the approximately 60-percent of adults who are overweight or obese. It is also for most of the remaining 40-percent who want to avoid becoming fat.

Motivation for Healthy Weight Loss primarily focuses at a place in the human psycho-physiological process and in a way no other approach does. It concentrates on that area within individuals where the essential cause resides and the solution applies its influence. This unique approach says, "An adult who has ongoing or chronic excess body fat or doesn't want to have it in the future needs to sufficiently counter a specific group of 22 notions that are subtly begun by common words and maintained by misguided experts and others who promote “politically correct untruths” and by a particular segment of the human personality.

Those 22 notions are more than simply untrue. They are far more hurtful because they are entirely unknown when they happen and block the special, unique motivation, willpower, that most adults realize is absent and needed. They (notions) are some of his or her fault-free 'quick interpretive thoughts.' With repeated internal dialog and self-guided imagery – using easy statements inspired by a cluster of 22 truthful and blame-free beliefs – he will get and stay free of enough unhealthy pounds. He does that soon, safely and with the least amount of strain (stress) and effort possible."



Lie, Fib, Untruth, Mislead, Sabotage and Cover-up

Linda, my sister-in-law, has what her friends and our family have come to think of as an endearing quirk. She likes to give driving directions. Her “quirk” is that she somehow forgets she has little if any sense of direction. As far as I know, she has never given anyone accurate directions, anywhere. But that doesn't stop her or even slow her down . . . trying to help others that way.

When you read words such as “lie,” “fib,” “untruth,” “mislead,” “sabotage” and “cover-up,” I'm referring to something akin to Linda's “giving directions quirk.” People rarely do it knowingly or with mal intent.

Finally, if you have trouble in any way getting into or staying with this confidence and control-releasing program, listen to the “af-FIRM-ing” Bodyfat Freeing (Preventing) Facts on **Track 2** of the audio content. Get it at <<http://www.TruthForHealthyLiving.org/BRP-CD.html>>. Listen as often and for as long as you will. What you get from doing that builds and probably will get you moving along.

Take terrific care of yourself and the people who do now and will depend on you.

R. T. L.

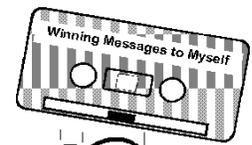
Spoken Content

More than anything else, what makes Motivation for Healthy Weight Loss and Fat Prevention work? Having a convenient way to repeatedly tell yourself original body fat-freeing, body fat-avoiding facts combined with your focused imagination and new rapid calming skills. The spoken content portion of this book provides that very “convenient way.”

You will soon recognize the many benefits gained from releasing willpower with your own healthier beliefs. In case you’re wondering, this simple process isn’t hypnosis . . . but is similar and without any negative effects. You can easily get the latest and free editions of this content recorded for you by going online to <http://www.TruthForHealthyLiving.org/BRP-CD.html>.

How to use this material:

- This author strongly, mightily, passionately encourages regularly listening (reading, if not listening) to Bodyfat Freeing (Preventing) Facts . . . what he has created and named “af-FIRM-ations.” They are on **Track 2** and listed for you near the end of this book.
- The more you read, the more Bodyfat Freeing Facts will make sense and become even more valuable.
- Start listening to **Track 1** and Track 2, or reading what they describe, after finishing the first chapter.
- When you can use them safely, headphones ensure getting a more powerful effect.
- Anytime you are doing something that requires keeping your eyes open (for example, driving) skip listening to Track 1. It asks you to close your eyes.
- Listen to Track 2 while you drive, exercise, prepare meals and around those times you thought you had less willpower (sufficient and persistent motivation). Still, do take extra care to keep yourself safe. Note: You can listen to part of it and return later to finish or listen all the way through Track 2.
- When you can do it safely, it’s especially useful to listen to tracks 1 and 2 together.
- You can tape record tracks 1 and 2 as they play on your computer. Record both tracks on the same side of a 60-minute audio cassette tape. Put Track 2 and the **Introductory Track** (#3) on the other side of the tape. If you prefer, burn a CD.
- Finally, the audio gives you easier access to self-calming skills. That track (#1) enables you to stay more comfortable. You readily avoid or overcome any possible strain or symptoms of stress associated with what’s commonly misidentified as “emotional eating.”*



Stream of My Quick Thoughts

* For example, if you have stress and its uncomfortable emotions that would fuel (enable) hurtful eating and not exercising, make a habit of breathing as described on Track 1.

Chapter 1

First, Answers Build Confidence for Success

**Free
of
Sugar
Coating**

Only this simple guidebook will tell you the following and more vital-to-know answers. They explain why you and essentially every other adult only go in circles when trying to find your way to truly successful, healthy weight loss or excess fat prevention:

- Well known and accepted “signs” (principles, concepts, ideas, insights) weight-loss and fitness experts and advocates urge you to follow are wrong. They confuse and consequently block a special kind of motivation. Knowing which signs to ignore is necessary for you to arrive soon, safely and free of needless strain.
- Even worse than misleading and distracting you, “signs” – promoted by highly respected as much as the phony experts and advocates – attack your present beliefs. And those would, if only they had the chance, make or keep you lean, healthier and happier. Motivation for Healthy Weight Loss easily gives that opportunity. It works by letting you make dominant your now beaten-down beliefs. When in control, they will release strong and persistent motivation, your willpower.
- Rather than lead adults to a safer place for themselves and their children, authentic and fake fitness and weight-loss specialists mislead* and sabotage to take obscene amounts money for already wealthy individuals, groups and organizations.

So what happens after spending our lives having media personalities, experts, politicians, bureaucrats, magazine article writers and others tell us politically correct (because they’re most profitable for other folks) notions we don’t realize are untruths? Indispensable facts are so different that at first they can sound like the biggest lies.

If you’re unwilling to wait for relief for yourself and protection for people you love – hoping someone else will someday tell you the answers required – please continue to read. Now, you will tell yourself the truth.

* Be sure to read all of my author’s note and especially the part labeled “Lie, Fib, Untruth, Mislead, Sabotage and Cover-up.”

Adults and the children they influence will be healthier when more experts put as much emphasis on increasing the accuracy of what they say and write as increasing their incomes. It is untrue what the popular weight-loss and dietary debunking specialists tell you causes chronic** overweight and obesity and solves them. That’s certainly the case with the fibbing to fill pockets stuff you’ve recently seen and heard. Intense cravings for public recognition and money exist around the world and I’m sure are much of the reason so many Americans, Canadians, Australians, New Zealanders, British and others are fat and getting fatter. The populations of still more countries are lagging behind us but are going in the same direction.

Junk ideas – not junk foods,
not inactivity,
not bad habits,
not common addiction,
not poor choices,
not processed foods,
not stress,
not emotions,
not social influences,
not unhealthy lifestyles,
not lack of interest,
not hunger and
not heredity – make and maintain excess body fat. Junk notions block strong and sustained motivation, willpower, to create the essential cause of all health-risky overweight and obesity. Releasing that power is simple and I’m convinced the only safe solution.

That release of powerful will comes from a unique group of truthful beliefs (I call them Lean-beliefs) you have and don’t realize are there, inside you. Until you adequately, not completely, acknowledge and apply Lean-beliefs, you have too little willpower. And it is the secure source of the basic actions that produce and maintain bodyweight relief (loss) and much-needed protection for still lean people.

It isn’t necessary for me to do what probably every author of a weight-loss book does. That’s tell you what you should believe. You already know enough of that. It’s more that you need and easily deserve the extra confidence I’m glad to give. With it you can and will trust your beliefs when people, including well-known authorities, and a small part of yourself say you’re wrong. Let me give an example.

Do you believe that motivation is important? If so, weight-loss experts, advocates and others are trying to convince you that you’re mistaken.

Two-thirds of the adults surveyed for a recently published study said that overweight individuals need more “willpower.” That’s motivation, desire, self-discipline or dedication that’s strong enough and lasts. Shockingly, that common sense insight is under attack . . . even

** The author uses the words “chronic,” “persistent” and “ongoing” interchangeably. Those words don’t necessarily mean that what he’s describing is present most of someone’s life and always obviously there. However, after it seems to go away, it returns.

though very subtly. Experts apply negative spins (bad definitions) to the word, willpower, to discourage the belief most adults have that being and staying motivated is important. Those spin specialists do that to make huge amounts of money for themselves or sponsors – at your and your family’s expense. Peddling their products, services and programs depends on sabotaging the value adults assign to personal responsibility (not blame) and to self-control.

I’ve seen thousands of patients and workshop participants who had said they didn’t have “willpower” or enough of it and asked as many as feasible what they meant. None of them defined it in one of the negative ways some experts do.

There is nothing substantially like this program. Its guidebook and spoken content tell you the real secrets, politically incorrect facts, that no other publication or program does. Also, a computer-generated, line-by-line search of the popular literature says that nothing else is available that focuses on fostering the special kind of motivation, willpower, for voluntary weight loss. This book alone offers the strong and persistent discipline or desire that doesn’t have or require the unhealthy stress people dread having when trying to lose weight.

Motivation for Healthy Weight Loss is the first to provide that unique motivation for overweight prevention. Any scientifically sound and knowledgeable offer of essential information about how to get relief needs to address prevention. After all, at the rate excess body fat is increasing, nearly everyone in developed countries will be obese within the next six or seven generations. The current efforts of folks to stay lean don’t respond to the underlying cause of chronic overweight and obesity. Consequently, they are going that way.

Major Differences Naturally Lead to Defensiveness

Because Motivation for Healthy Weight Loss is exceedingly different and we human beings understandably and subconsciously respond to that by putting up defenses, you will have and probably won’t realize it two reactions to get past:

1. “It isn’t true.” Even before you read enough to be sure that what this program teaches is true, you’ll experience the second response.
2. “It isn’t new.” You can conquer that usual but mistaken reaction. Do that by telling yourself the truth: This program takes an experience-based rather than a theory-driven approach. Unlike any other, it uses parts of popular theories*** to help explain discoveries gained from 40 years of uncommon healthcare experience. No one can accurately make comments such as, “I’ve seen something that takes the same or very similar approach.” “This is just theory.” “It won’t work for me.” The equally inaccurate, “This won’t work in the real world.”

A workshop participant had this “It isn’t new” defensive response. She exclaimed, “What you’re saying we should do to lose weight is what my teenage daughter tells me. She says, ‘Mom, you just have to think more positively.’”

The participant proceeded to elaborate on how she thought I was saying that instead of thinking negatively about what they should do to “lose weight” I was encouraging the group to think more positively. “It’s the ‘power of positive thinking’ applied to losing weight.” She asked me, “Isn’t that what you want us to do, think positively, to get more willpower?”

I could have hugged her for bringing this up. If she hadn’t, she might have stayed needlessly defensive. “What I’m strongly encouraging you to do is exceedingly unlike positive thinking,” I explained. “Folks can be positive and still be wrong. We have hardly any chance until we get it right. I’m grateful to share with you what no one else has proposed for bodyweight relief and overweight prevention.”

After assuring her that nil criticism was intended, I carefully explained how she and all others with persistent excess body fat needed to think more accurately. “It’s the considerable power of truthful believing, not positive thinking, that will safely get your body lean and keep it that way.”

The group wanted an example of how “truthful believing” was different from “positive thinking.” I asked them, “How many of you have thought a positive statement similar to this, ‘I will learn to eat and drink what I like and want but consume them in moderation.’?” “Even if you don’t recall saying that to yourself, have people told you to eat and drink anything you like . . . but in moderation?” Everyone raised a hand.

Next, I told them that the following statement was a truthful belief alternative: “‘In moderation’ is one way people say ‘average.’ Even if I could do the impossible and usually know (or pay attention to) what are moderate amounts of body fuels (foods) for me, I and everyone who does now and will need me deserve better than average behaviors that produce average lives and futures for us all. I can and will do better than moderately well or average! Only an important but inexperienced part of me would misunderstand and feel upset or deprived when I’m doing better than average.”

When asked how many of them agreed with that statement, again, everyone raised a hand. “A small part of your mind,” I said, “agrees with the first statement. Another part agrees with the second. But, and this is a really big ‘but,’ the notion represented by the first statement dominates . . . is in control. It and another 21 ‘Fat-notions’ constantly block your unique motivation and that makes you overweight. Even if you do manage to ‘lose’ some or all of the pounds, those notions will continue to pester you and make you ‘find’ them again. The very good news is that this program and most especially its ‘spoken content’ will change that.”

*** Motivation for Healthy Weight Loss and Overweight Prevention is loosely framed in Eric Berne’s transactional analysis or TA, cognitive-behavior, learning, gestalt and systems theories.

The group responded so well to that example of how truthful believing was different from positive thinking that I gave another. I asked, "How many of you have told yourselves or heard that you shouldn't take having excess bodyweight (fat) so seriously? It isn't harmful or that harmful as long as you are physically fit." "When seen or heard in the media, the popular concept commonly is called 'fit at any weight.'"

Most had heard it and agreed that it could be a positive thought – saying something such as, "I won't worry so much about the extra pounds and take having them so seriously. I'll focus on being active, exercising and becoming physically fit and healthy. Health is most important."

"The alternative," I explained, "is to tell yourself a truthful belief. It can go something like, 'The swelling (excess body fat) comes from undeserved abuse (damage) done inside me. Absolutely, I refuse to keep (have) so much of it that I give myself and others the indirect, false message it's deserved abuse. Even if doubted, I'm easily worth being (staying) free of at least the swelling people can and do see!'"

Before we moved on to another topic, the group and I discussed how unrealistic it was to tell obese adults they could be fat and still be fit. They could be healthier, maybe . . . but not healthy, physically fit, in shape and happy.

A lasting shift in which of our unknown thoughts consistently dominate creates the changes in our behaviors we human beings identify as having a powerful will. Emotions help but by themselves would be unreliable. They don't create willpower. Truthful beliefs give the stability and control we require.



5 Politically Correct Untruths, Lucrative Lies

The following aren't the only ones but are the five pivotal, politically correct, "lucrative (moneymaking) lies." They mightily promote (urge you to have and keep) the 22 hidden (subconscious) misconceptions – "In moderation" and "Taking fat so seriously" are two of them – that block sufficient and persistent motivation, willpower. These junk notions that foster misunderstandings are widely promoted as facts but are untrue. The first is the current most common and misleading. Each of the five is followed by the main point: exposing it by giving a brief explanation for the reason it's false.



1. "We should blame factors such as having fewer reasons to be physically active and eating more junk and fast foods for the recent overweight and obesity epidemic." This untruth is told to benefit exercise advocates, sellers of alcoholic beverages, producers and sellers of less or unprocessed foods, government agencies and other powerful groups that profit from raising our taxes and instituting laws and lawsuits that punish and restrict businesses, their employees and many unhealthy people.

It isn't a coincidence that the big push to get people to stop and not start smoking began just before the "global obesity epidemic." Forty years of doing little more than that "big push" to get nicotine addicted adults to stop more likely caused the dramatic (epidemic-like) increase in overweight and obesity and not factors like eating more fast and junk foods and exercising less. Former and periodically-trying-to-quit smokers had hardly any real help to avoid replacing the cigarettes they thought relieved stress with eating too much and "comfort foods."

Recent research suggests that products such as the nicotine patch aren't effective. In fact, they probably don't work as well as someone deciding to stop smoking and without any assistance. Knowledgeable people wouldn't offer to help heroin addicts who inject it by selling them the drug and suggesting that they ingest it in some way other than with needles until they lose interest in heroin. It doesn't make sense to expect essentially that of people hooked on nicotine.

When substituting with excessive eating and comfort foods, former and trying-to-quit smokers understandably took their children with them. So those youngsters got fat or fatter.

It isn't by chance that those states and their representatives that profit more from alcohol or food production or their sales push for increasing penalties and restrictions on cigarette smoking. It isn't a coincidence that tobacco companies invest in order to profit from the increased consumption of fast foods and junk, including alcohol.

Money-minded experts are fond of pointing out that the French haven't gotten nearly so fat as Americans and say it's because they eat less fast and junk foods, don't "super-size" portions and are more active. Untrue! French folks continued to puff on cigarettes and only recently began a significant campaign against smoking.

But why would politicians, bureaucrats, data and litigation specialists, etc. blame factors such as the increased use of fast foods and junk foods for the overweight and obesity epidemic? Why might they do that rather than blame the intense pressuring of nicotine addicted people to stop?

It's a cover-up! By shifting the blame elsewhere, they cover the "behinds" of their benefactors and huge mistake while adding other sources of revenue. You see, the organizations and some of the same anti smoking experts who put us at greater risk by helping to enable the "global obesity epidemic" now want to take more money from us with additional restrictions, lawsuits and taxes.

(When you get to the end of this chapter, read the supporting evidence entitled, Obesity Epidemic & Increased Alcohol Abuse – Linked to stopping smoking? Especially review the evidence you'll find in the list of hints from published research.)

2. The false assertion of some spin specialists that “willpower” (what folks say when they mean something closer to motivation) is bad or isn’t needed is used to support this untruth and the next. This second lucrative lie is politically correct because it caters to diet, drug, nutritional supplement and surgical supply companies and a few addiction experts. “Something is wrong with fat people. Being overweight shows or implies that they have some physical disease or defect . . . maybe metabolic, genetic or hormonal (stress hormone or another).” Perhaps the only useful result to come from the sharp increase in obesity over the past 30-some years is the convincing evidence that disease and physical defects aren’t significant causes of persistent overweight and obesity. It takes a good deal longer than three decades for human biology and genetics to make and maintain substantial changes.
3. “Emotions cause the eating that makes people overweight and obese.” The idea that so-called “emotional eating” or “emotional hunger” is real is a gigantic, major distraction intended to profit and please some alternative health and pop psychology proponents. Although understandably it seems otherwise . . . moods and mental states (boredom, etc.) are only fuels for hurtful eating behaviors and not at all causes. If someone is stopped for speeding, the police officer doesn’t stick the ticket in the vehicle’s fuel tank. The driver rather than the fuel is responsible.
4. “A meaningful number of adults who were chronically fat are successful getting and staying lean enough.” In other words, a significant group of people get it done because they use something such as a diet or an exercise program or later, on their own, applying elements of what they learned. Although the food, diet, supplement, modern and alternative medicine and exercise industries want you to think that happens, there’s no believable evidence I’ve found to support that politically correct proposition.

The frequently written about and quoted “national body fat control listing service” says a meaningful number of people 18 and older are successful. However, their methods are too flawed to accept the primary results. They describe study participants as “highly successful” and keeping weight off for just one year as “long-term maintenance of weight loss.” Such descriptions are inconsistent with presenting acceptable study results and suggest a hurtful bias. The service accepts questionable evidence of success: for instance, before and after pictures submitted by subjects. As many as one-half of their participants report keeping their weight off less than five years. Researchers commonly agree that five years is the minimum time required to qualify as weight-loss success.

5. The last pivotal politically correct untruth or lucrative lie says, “The root or fundamental cause of overweight and obesity is eating more calories than are burned.” You’ve heard it implied many times in various ways . . . for instance, “Americans should exercise more and eat less.” The National Institutes of Health says that idea is untrue. It’s false. A major NIH report said, “The basic mechanism is an imbalance between caloric intake and energy expenditure, but why this imbalance occurs is unclear.”

Stating or implying that not burning enough calories is the cause is politically correct because it pleases weight-loss diet and exercise advocates and their friends. It is false and misleading stating or implying that burning fewer calories than are consumed is a cause of human overweight and obesity. That’s simply the physical mechanism involved.

Healthy eating or dieting along with safe and effective exercising are necessary. But they still aren’t enough. Sufficient and persistent motivation, will power, is the required addition that makes successful bodyweight relief and prevention happen.

(Reader, if you haven’t already, print this page and the next.)

Rate How Different and New to You

Please answer a question. Overall, how new to you and different from what you’ve seen and heard before were the “main points” you just read regarding the five lucrative lies? The main points were the reasons that exposed them as false. Go back over them if you’re unsure what they were.

With the question above in mind, give an average or overall rating for how different and new that information is to you. Grade it on a scale from one (1) to seven (7) . . . with seven (7) being the greatest possible difference. You’ve never seen or heard any of the main points originating from people other than this author (Lovelace). They’re all different and new to you. A rating of one (1) means there’s no difference. You’ve seen or heard all of them. And they were discovered by other sources. Of course, feel free to choose a number between one (1) and seven (7).

	Not at All Different/NewSo-So..... Entirely Different/New 1....2....3....4....5...6...7
Before you read more, <u>write</u> your answer (whole number) here: _____ .	



Now, before going further, check your answers to the following. They are summaries of the main points you rated. When you check “yes,” it means the information was discovered by someone other than this author and you already knew it. The info isn’t new and different.

Yes ___ No ___ Had you read or heard that eating more calories than are burned is only the physical mechanism

involved and not the underlying or root cause of excess body fat?

Yes ___ No ___ Had you been told or had you read that the behaviors that make and keep people fat are fueled (enabled) and never caused by emotions (moods) or mental states like boredom?

Yes ___ No ___ Did someone you heard or something she wrote previously tell you that the most frequently referenced and quoted source is wrong that says a meaningful number are successful losing weight? (It isn't true that adults are successful because of pills, special foods, alternative or modern medical procedures, diets or exercise. They don't keep enough of the unhealthy pounds off for at least five years.)

Yes ___ No ___ Had you been told that not having the considerable time required to make the recent broad changes in human biology is convincing evidence that folks being overweight and obese isn't caused by some disease, genetic or another physical factor?

Yes ___ No ___ Had you read or heard anyone (again, not Lovelace) report that years of pressuring people to stop and not start smoking more likely caused the dramatic increase in overweight and obesity and not factors like eating more fast and junk foods and exercising less?



These probable facts are extremely important to understand and accept:

1. If you answered "yes" to any of the above, you're honestly mistaken . . . unknowingly fibbing to yourself. You may have guessed, but you could not have seen or heard anything that's close enough to the main points. And it doesn't matter how much you've read or written, academic courses you've taken or taught or even how much personal, research or clinical experience you've had.

You easily and understandably confuse something different and new that makes sense for what you already knew. You subconsciously figure something such as, "What I just read (heard) is reasonable and probably true. That means it's old and not original and different from what I've been told. So few things are that I must've heard or read it somewhere else."

2. If earlier you answered with an overall rating or seven (7), feel some early encouragement. A seven is positive.

Giving a rating of six (6) or less shows defensiveness . . . in this case it takes the form of "overweight risk denial." At a deep level of thinking you are, I promise, already dismissing the most useful parts of what this guidebook and its spoken content teach. That takes away too much of their considerable potential to help make or keep you sufficiently lean. A rating of six or less says you're telling yourself, and don't realize it, that using this program can't help you. It can't because you already know what's here. I promise that part of yourself absolutely doesn't know it!

My point? Please, please don't allow a less experienced portion of your personality (soon will be explained) get away with telling you such fibs and unintentionally but severely threaten your health and happiness. Continue and soon become unwilling to keep so much of the needless defensiveness that makes (or will make) you have and maintain ugly and unhealthy pounds.

Best Wellness

Questioning the accuracy of generally accepted ideas is a fundamental principle of good science. That's what scientists are supposed to do. But why is it necessary to so publically expose inaccuracies and for you to know about politically correct untruths? Asked another way, why not "sugarcoat" what I'm about to tell you?



This analogy explains. You want to live in a place I call Best Wellness. When you find and travel on the actual road to that secure and fun place, you safely get your body lean. Then you can call and give directions to Best Wellness to people you love. So they soon can follow and join you there.

Once you arrive, you will happily and safely stay lean enough. Or if never chronically overweight, you finally can prevent becoming fat.

Through no fault of your own, you now drive and carefully follow signs experts and others promised would guide you to Best Wellness. Sometimes it might seem you're close. But you never arrive.

The reason you get lost more than you lose weight is that nearly all the signs are wrong. They're only politically correct. Those signs direct you down gosh-awful trails that money-motivated (out to get your money) or misinformed people want you to take. After all your efforts and time spent, you still are nowhere near Best Wellness.

If you want to get there soon enough to protect yourself and someone who needs you, it's essential to know which signs to ignore. Avoid being misled! Those misdirecting signs are politically correct untruths. This book is the first to expose them. Most important, it clearly shows and explains the 22 signs, truthful Lean-beliefs, that guide you along the sure route to Best Wellness.

Sugar Coating Free

Do you want to get on the right "road" and to your best wellness so much that you're ready to pay attention to "signs," insights and answers, that are safe and accurate but particularly unusual? Because they are odd, some of those signs need to be made so clear and repeated so often you'll misinterpret them as arrogant or put-downs. They aren't. Are you willing to understand and do what you can to avoid taking them that way? Provided you're ready and willing, you are about to take advantage of your first realistic opportunity to sufficiently and

safely get free or remain free of unhealthy pounds.

Please read this sample of notions experts commonly promote and urge you to accept:

- “Will power is a myth that involves making harmful character judgements of overweight people and means they must exert considerable effort to lose weight.”
- “What causes obesity is far too complicated for anyone to solve without a long-term, intensive, multi disciplinary treatment.”
- “People need to learn to love themselves the way they are and not worry about or focus on their weight.”
- “Each individual has to uncover and deal with his or her unique unconscious motivations.”
- “Obese and overweight individuals have to try various ways to lose bodyweight to find what works for them and be successful losing and keeping it off.”
- “Solutions must be as unique as the people needing them.”
- “Adults purposefully make the bad (unhealthy) choices that make them fat.”
- “If folks didn’t like fattening foods or didn’t enjoy eating, they would be more successful losing weight and keeping it off.”
- “Someone can know enough of the facts and still not care enough to do what it takes to lose his or her unhealthy weight.”
- “People must change their lifestyles and environments to be successful weight losers.”
- “Obese individuals do not know what to eat and how to judge portion size.”
- “Eating so much processed foods is most of the reason for the global obesity epidemic.”
- “Folks are fat because they watch too much television, play too many video games and spectate rather than participate in sports.”



“Sugar coating” is much of the reason what you’ve done to prevent and lose excess weight didn’t help or last. Too many useless details, “frosted facts,” and politically correct untruths stood between you and a real solution. Given what you’re wanting to deal with, how could it possibly be that you deserve other than straightforward information? Let this program do this for you: Avoid sugar coating and tell you the essential reason you have (probably will have) health-risky excess bodyweight and what you can do to get rid of it (keep it off) . . . for good.

If you identified some of the sample of commonly promoted notions as what you understood was correct, you have that in common with essentially every person who has persistent excess body fat and lean people who are most likely to suffer with it in the future. Yet,

- None of those ideas are true.
- All of them are politically correct untruths, lucrative lies.

The usual thinking about what causes overweight and promotes successful weight loss misleads you. It directs you away from your best wellness and so mightily contributes to your having or being at risk for having too much bodyweight. Continue and you will understand that what you just read is, for you, a benefit. You will recognize it as a “heat that heals.” The warmth comes from a health and futures-protecting truth. Give this program even half a chance and by the time you get to the end you’ll have more than enough confidence in what it teaches.

The Cause and Your Solution



All adults with ongoing excess body fat struggle because of a previously unknown group of 22 misunderstandings. That collection of mistaken notions (fibs) stubbornly blocks the willpower required to prevent or get rid of pounds and keep them away. No matter how many pounds or how long you’ve had them, you have and tell yourself those fibs. Still, you are entirely unaware of them when they happen and seriously challenge your right to happiness and health. Since you don’t now and will never know when those misconceptions apply their cruel influence, you deserve zero blame or criticism for having them and the pounds they cause and keep!

Original research and 33 years of experience helping 10,000 adults clearly say that the set of 22 misunderstandings – vigorously promoted by politically correct untruths – is the only important obstacle to lasting motivation, and consequently, the success that matters the most: Preventing or getting rid of the unwanted, unhealthy bodyweight and keeping it off.

Adults get and keep the control and lean bodies they want when they answer (counter) the notions that block motivation or willpower. They do that with a unique cluster of truthful and hidden thoughts, Lean-beliefs, they already have and with a list of Bodyfat Freeing Facts and truth-based guided imagery that most powerfully, mightily support those beliefs.



Although many people don’t see the effect (extra pounds) until after their twenties or thirties, the subtle influence of language, during early years, partially starts and maintains the 22 body fat-fostering, politically correct misconceptions, Fat-notions. A few common words discourage getting and staying free of excess body fat. They do that by promoting those Fat-notions that generate and support an unknown dread of “weight loss” and the deep sense that having excess body fat and doing what creates it are beneficial. Getting the relief that lasts also involves reducing your use of “fat promoting words” and gradually replacing them with “body fat freeing words.” You find

convincing evidence of this influence of language in Chapter 3.

Reasonably, you could respond to the above with, "I doubt that I'm worried I will lose weight." You might say, "I don't think the extra weight is there because somehow I see it as beneficial." If you have any doubts, please do what you can to set them aside long enough to better judge for yourself and get the most valuable gift of a true chance for success.

It's particularly important that you learn about and take advantage of this recent discovery: The "honest mistake" notions (fibs) that make people have and keep extra pounds come from a specific part (ego-state) of the human personality. They are so deeply ingrained there that most adults are sure Fat-notions aren't present or doubt they are all that influential. Until now, that made those misconceptions as much a challenge to recognize as they are essential to offset. Keep on and in Chapter 7 you will learn how to use "Three Caring Steps" to be sure those ideas are present and beg for your attention. Enough evidence is built-in.

Accepting and applying what this program says do not guarantee your success. Its author is convinced that they do come very close.

Unique Advantages

Motivation for Healthy Weight Loss and Excess Fat Prevention offers you unique advantages. Eight of them are:

1. It concentrates on answering the root or basic cause of health-risky overweight and obesity in adults. Their willpower is blocked because of an unknown and unanswered collection of 22 honestly thought but untrue notions.
2. It's the first to avoid telling adults what they should believe and offers instead what they truly need: the added confidence required to trust their own beliefs when repeatedly told they're wrong.
3. It is the first publication or program that focuses on both bodyweight relief (loss) and protection from overweight for still lean adults.
4. It exposes enough of the "lucrative lies," politically correct untruths, so you can ignore those misleading "signs" and avoid being misled and lost.
5. It takes a healthcare experience-based rather than a theory-driven approach.
6. It fits with what health clinicians and educators recognize as accurate regarding human physiology and psychology. This program is scientific – not alternative or holistic.
7. It shows how to turn inevitable "mistakes" (for example, overeating) into the learning that ensures success.
8. It powerfully promotes being in the position that allows recognizing and accepting what's true. While listed last, this might be the most outstanding innovation and advantage. You finally have straightforward ways to test for, identify and overcome the raging denial of this major risk to personal health I'm absolutely sure infects all of us and seriously threatens everyone we love.

Having more and legitimate compassion for yourself and focusing your capacity for caring are the keys to reaching that position. The more consideration you have for yourself and the more you incorporate caring for other people, pets and more, the easier it will be to recognize and deal with the unknown and actual underlying cause of ongoing excess body fat. You do that with little if any of the uncomfortable stress or strain you dislike experiencing when attempting to get free of or avoid having ugly and unhealthy overweight.

The rest of this chapter involves beginning to learn about a meaningful insight and completing another simple test. Both will offer new ways to increase the likelihood you'll be successful. At the end of this chapter, carefully review brief articles that help clarify and support what you've read and a list of what my research clearly says aren't important contributors to chronic excess bodyweight.



Scientific breakthroughs often emerge from thinking about or observing events that seem unrelated to what's being studied. A documentary reported that Wilbur Wright came upon the missing insight required to control an airplane in flight as he talked to a customer in his bicycle shop and absentmindedly twisted a small cardboard box. As you read what I'm about to describe, you might wonder how it relates to "weight loss." It is similar to what happened to Wilbur Wright, but the realization that emerged is a good deal easier to understand.

Investing your time and attention in this true story and what it reveals is important! How satisfied you are with the progress you make can depend on your grasping enough of what it teaches and then applying the relevant lessons.

Easier to Recognize After Seeing a Group

Soon after leading a business seminar for 50 or so professionals, I told a friend that talking to that group was like repeatedly saying, "Two plus two equals four." Each time, they asked, "Okay, but what does two plus two equal?" I answered with, "Two plus two equals four," only to have them evidently not hear me again and ask for the "sum of two and two." Or they heard me but misunderstood and asked, "Then why did you just say that two plus two equals five?" At other times they were angry for reasons I didn't understand. When I explained how two plus two equaled four, they responded with, "We don't think it's correct that two plus two equals four."



Someone asked me to talk to the group about how they could get referrals from large companies. I carefully explained, for example, how they needed to write to the companies and tell what they could offer that would be needed by the folks likely to be referred. The information was relatively simple, and I made it more so by giving handout

materials. Using what I told them, they might have added thousands of dollars to their incomes. I thought everyone would take notes. Only some of them did.

During the afternoon break, I talked with one of the people I had noticed earlier was taking notes. She told me that she thought the information would be valuable and easy to use. She had hardly any trouble understanding what I taught and agreed with nearly all of it. By the time I spoke with her, I was questioning my ability to teach the subject. I wondered how she could say what she did, and convincingly, when many of the others were having so much trouble understanding and agreeing.

Perhaps sensing my confusion, she told me, "Don't take what's happening personally. Last year I attended another seminar on the same topic with many of the people here today. They asked the same questions and were upset then, too." She said that she thought some of her fellow seminar participants felt it was somehow unprofessional to ask for referrals.

Weeks later, more of the answer to what happened came during a morning walk. A popular idea I learned years before, about how personalities formed and operated, fit almost perfectly. That idea was part of what behavioral scientists called "transactional analysis" or "TA" and went something like this.

Human beings have three parts to their personalities: the Child, the Parent, and the Adult.

1. Behavioral scientists commonly call the first part or "ego-state" to develop the "Child." This is not the "Inner Child" you might have read about. Nothing you read here uses the "Inner Child" or "Wounded Inner Child" concepts.
2. According to TA, the "Parent" ego-state is the next to arrive. It is present by the age of four. It can be confusing, because most people associate "parent" with being grown. This ego-state is young (inexperienced) but not obviously so. I call it the "Little parent," "Teenager" or "Young and thinks it's grown" to help avoid confusion.
3. They call the third portion, "Adult." The Adult ego-state is primarily concerned with protection and problem-solving and develops throughout our lives.

Each of the three components has its own tasks to perform. All parts are equally important. Eric Berne, the creator of TA, said that grownups moved between the three ego-states often, daily. They did that in response to what they perceived was happening around them and were unaware that they were shifting.

Jeff Relates

After describing ego-states and shifting between them to a fellow I counseled, he related so well that he gave this example. Jeff said, "This morning I was driving to work and listening to the radio. The station was playing music I like, and the DJ was telling jokes." He smiled and said, "I was keeping time to the music or laughing so hard that it was a wonder I could stay on the road. I guess I was in the youngest side of me." I told him that I thought he made a good guess.

Jeff went on to say, "When I drove into the parking lot, some kids were skipping school and riding skateboards. I rolled down the window and called to them. I said that they should be in school and riding skateboards in our parking lot wasn't allowed. I told them that if they hadn't gone by the time I got to my office I was going to report them to our security officer." Jeff told me that he thought that when he was "fussing" at the skateboarders, he was in his Little parent ego-state. I agreed.

Entering the building, Jeff was still fuming but never did check to see if the youngsters had left. The reason, he explained, was that someone asked him if he could help "figure out what was wrong" with a computer. "I went into my adult state and got involved with fixing the PC and forgot the kids outside." He thought and I agreed that he had shifted from his Child-like ego-state (gleefully listening to the radio), to his Little parent part (correcting the skateboarders) and into his Adult-like ego-state (helping with the computer problem) in less than ten minutes.

TA, My Adaptations

A patient asked, "Would it help if I get a book about transactional analysis and learn more about it?" I discouraged doing that anytime soon. I told him, "I'm not a TA teacher. There are excellent classes and books on the subject. Once you have learned what I adapted, and you've used that to get rid of the unhealthy pounds, I hope that you will learn more about transactional analysis. There are many ways it can be useful, particularly in understanding more about how people communicate."

What I call the "Child-like thoughts ego-state" (One-year-old), "Little parent notions ego-state" (Young and thinks it's grown) and "Adult-like ego-state" (Part that protects) began with what I read and was taught about TA. Over the years, I've made significant changes in those original teachings. Knowing much more about what Dr. Berne and his students thought and wrote could interfere with understanding my interpretations of some basic TA concepts. My version comes from what I've repeatedly found to be true working with caring **** adults. I very specifically apply that to getting free and staying free of excess body fat.

**** When identified as "caring," someone is doing what she or he can to get rid of excess body fat. And doing that shows she cares about herself and something or someone else.

Childish or immature? Not at all!

"Are you telling me I'm overweight because I'm childish?" That was what an unusually up-front person asked me early into a Bodyweight Relief and Prevention Motivation Workshop. I told her that what I very much wanted to explain was nearly the opposite. I was certain that having and keeping unhealthy pounds had nothing to do with being childish or immature. Part of my intent was to share with her information that practically no one knew about. (That was introduced at the beginning of this chapter.) I was sure that not yet understanding and accepting enough of that information explained her need for the workshop. And no, I wasn't saying or implying that she was lazy, dumb or foolish.

"Child-LIKE" isn't another way to say "immature" or "childish." If someone told you that a fellow she met was "strong LIKE a horse,"

would you take that to mean that he was inclined to walk on all fours and pull a wagon? Each person, overweight or not, has young components that are needed and contribute to his or her personality. And they — as far as health professionals can tell — remain all of his life. Since they will always be there, the idea isn't to somehow get rid of inexperienced ego-states — but to make sure that they aren't in control of what makes and maintains extra and unhealthy bodyweight.

From the way I talk, for example, about a "Little parent part" of people or their "Adult-like ego-states," it might seem that I'm describing tiny folks who somehow live inside them. That isn't what's meant. I'm describing basically collections or clusters of thoughts that form during different periods of their lives and persist. Those ideas "ring out" often but — and this is their most interesting characteristic — people don't know when it happens. The reason is that they are some of their "Quick Interpretive Thoughts." I'll tell you about that in the next chapter.

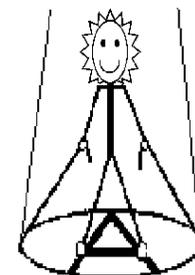
The Insight that Makes Possible Bodyweight Control – Back to "Two Plus Two"

This is the beginning of the primary lesson I highly recommend that you learn. The realization that came weeks after that seminar was this: Many of the professionals attending temporarily were in an inexperienced (Little parent) part of their personalities. Their protective ego-states — that listened better, were most helpful solving problems, avoided feeling criticized, sought out the facts and more easily understood and retained new information — were hardly present at all.

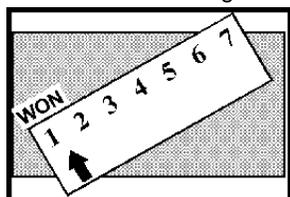
How can you apply that realization as you participate in this program? It is crucial, essential, all-important that you shift into and stay in the Part that protects (Adult-like) portion of your personality — not all the time — but as much as you can while reading and thinking about what you've learned. Here are some self-guided imagery exercises you can use to accomplish that. Experiment with each of them and regularly use the one that works better for you.

Please be alert! The Little parent collection of notions in your personality might try to interfere. It might try to do that by fibbing and tell you that these exercises are "silly," "can't possibly help" or maybe have to be done "just so" to be useful.

1. Imagine a spotlight above you that magically follows you everywhere you go. It projects a comforting beam of golden light that has a capital "A" within it.
2. Now, imagine yourself standing in that circle of light and in the center of that letter "A." You hold to ropes attached securely on each side of you. You grasp them firmly enough to be sure that you remain there. **IMPORTANT:** Imagine yourself from inside you looking out and sense a look of comfort and **CONFIDENCE** on your face.
3. That is an imagined representation of you fully in your Part that protects ego-state. Go back to that image (or another below) when you had trouble maintaining control before and at other times.



Another self-guided imagery exercise:



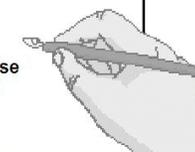
1. Imagine your powerful "freedom gauge." It has numbers that go from seven to one.
2. Think about the pointer on your gauge and moving it to, or close enough to, the number one. That number (one that can be spelled WON) represents you entirely in your Protective ego-state. You eliminate false hunger, cravings, needless stress and any reluctance to do safe and effective exercise (aerobic play). You easily understand and believe the truth.
3. Think about reaching out and moving the gauge's pointer to where you're determined it will be and stay. Make it even more likely permanent by breathing deeply and slowly — in through your nose and out through your mouth. Take several breaths that way.

Still another self-guided imagery exercise:

1. Think about a list you write. It is a list of what's most important for you to do. The higher an activity is on the list, the more important it is and you are sure to do it.
2. At first, it might be that "healthy eating" and "enough and effective exercise" are far down on your list. If so, move those to near the top of your list. They are now activities you are sure to get done, today and nearly every day in the future.
3. Remind yourself that accomplishing everything else on your list (including taking care of who and what depends on you) depends on taking care of yourself.
At First . . . Easier to Recognize When You're Elsewhere

My List of What's Most Important to Do

- 1 Healthy body-fueling [eating & drinking]
- 2 Enough and effective Aerobic Play [exercise]
- 3 Etc.
- 4 Etc.
- 5 Etc.
- 6 Etc. [Most everything else on this list depends on doing the first two.]
- 7 Etc.



How do you tell if you are not in or when you temporarily slip from your Protective ego-state? You can know that when you notice one or more of these feelings or thoughts:

- You read and feel criticized. Perhaps you think something such as, "This author is telling me that my weight is all my fault." If you find anything that you believe is critical of you or needless criticism of anyone else, be assured that isn't my intent.
- You have trouble understanding what you read. There is little that will be an intellectual challenge. If you have difficulty, it's because an important part of your personality — that doesn't understand so easily — is temporarily dominating.
- You might think you're put-off or have trouble making use of what you're reading because of the changed spelling of some words, the amount of repetition or maybe some unusually-worded sentences. The Little parent part of you occasionally uses labels such as "silly," "boring," "dumb," "foolish" or "childish." That ego-state misunderstands and thinks it is grown . . . when it isn't.
- You might believe there is only a small amount of information here that's unique. If so, please reconsider. There is much that's new and different.
- You suspect that I'm telling you something I don't really mean. For instance, I tell you that taking in more calories than your body burns is simply the physical mechanism involved rather than the underlying cause of excess body fat. (If you require proof, please read this National Institutes of Health document online at <http://www.TruthForHealthyLiving/NIH-weight-loss.pdf>.) You might think, "That is only playing with words. The author doesn't mean what he is saying."

When I say something important to your getting free of the pounds, I mean it and have found it to be true, consistently and

repeatedly. Again, the basic or underlying cause is having and keeping a group of 22 misconceptions that block persistent motivation or willpower and are NOT your fault.

- You find yourself asking "why." You might, for example, read a statement about a too inexperienced part of adults getting in control of what makes body fat. Even after I explain how that happens, you dwell on something like, "But WHY did that happen to me?" A young portion of your personality asks "why." The Adult-like beliefs part of you — that CAN and WILL safely get and keep your body lean — asks "what." As in, "WHAT more can I do to solve this health-risky problem?"

Someone else who cares about your health and happiness might say, "Utilize and avoid the urge to analyze." Another person could put it this way, "Avoid analysis paralysis."

Have you heard it said, "The truth hurts."? Actually, the truth doesn't hurt. It's ignoring the truth that's painful!

With excess body fat, too much ignoring or denying the truth hurts your health and happiness, and consequently, threatens someone you love or care about or will someday.

It also seriously threatens something you love to do or want to do in the future.

Colleague's Suggestion

A fellow therapist reviewed this book and asked about the reasoning behind pointing out that excess body fat harms the person who has it and also threatens other people and what she does. He and another of my reviewers encouraged including a brief account of this true incident to help explain.

One Saturday afternoon I was unusually tired. The week had been a busy one. My older son and I had spent most of that day walking and watching a golf tournament. When Chris dropped me off, I planned to take a nap. But he asked how much trouble it would be to plant some hostas at his apartment.

Within a few minutes, I wasn't so tired. I loaded my pickup with some of my wife's hostas, compost and various gardening tools. Chris and I spent the remainder of the afternoon and the early part of the evening enjoying a "hosta planting party." The love I feel for my family has been an essential motivator and still is.

You can make exceedingly constructive use of the love or caring you have for someone or for something you do. If for now there isn't someone or something, you can imagine a person or an activity that you hope will be a part of your life, someday.

The Little parent ego-states of some genuinely concerned experts will say, "You should lose weight for yourself and not for anyone else." Feel free to gauge that for yourself.

Weight Loss and Control Notions Assessment

Use this inventory to help determine that using this book and its spoken content will be a worthwhile investment of your time and attention. It is particularly important that you go ahead and complete this questionnaire. There aren't any "right" or "wrong" answers. Just give your first impressions.

Like the rest of this text, this assessment doesn't apply to children. I created, used and refined it over the last twenty years with adults. It is for those who have, or intend to avoid having, ongoing excess body fat.



Directions:

- (A) Put a checkmark on the lines beside the statements below that you know or suspect reflect common or typical ideas of adults who have too many extra pounds. You may or may not believe those notions influence you.
- (B) Avoid agonizing over how to respond. Usually, your first reaction is the better one.
- (C) If you find you have extra trouble understanding what's meant by one or more of the statements, circle the number of that statement.

- _____ 1. "I should be able to drop pounds and then keep them off. Since I don't, something must be wrong with me or lacking in me." With the attitude represented by this statement, someone might say, "I don't have any will power."
(Again, you may or may not believe any of the thoughts apply to you.)
- _____ 2. "I have too much fat and it harms me. Still, it could be worse. I could be abusing some drug, smoking cigarettes, wasting food and money or doing something else that would hurt other human beings."
- _____ 3. "It is reasonable for me to eat when I'm hungry (might get hungry later) or because I eat out of habit."
- _____ 4. "If there are any, I should already know the important, weight loss-related attitudes that influence me and get in my way."
- _____ 5. "I ought to be able to eat and drink almost anything I like or want, but do so in moderation."
- _____ 6. "What I like to eat and whether or not I like to exercise are important." Having this attitude, someone might say, "I don't like _____ (maybe vegetables) and shouldn't have to eat them (it) to get my weight off or keep it off"; or he could say, "I don't like to exercise and shouldn't have to do it to lose weight."
- _____ 7. "It is okay for me to eat too much (eat fattening food or not exercise) . . . just this once."
- _____ 8. "I should but I can't _____ (do something that safely promotes weight loss)." For example, "I can't eat like I should and eat in restaurants as much as I do."
- _____ 9. "I should be able to keep on doing what it takes to lose weight without making mistakes. A weight-loss diet or exercise program



probably won't work unless I do almost everything very well."

- _____ 10. "I may as well give in and eat this (some fattening food). That's because I messed-up earlier and shouldn't have."
 _____ 11. "I ought to eat (exercise) better, but I have stress (uncomfortable emotions, problems, responsibilities, pressures, or a hectic schedule) that makes me eat (not exercise)."
 _____ 12. "Perhaps I shouldn't think this way . . . but I just know that I will be endangered (hurt or embarrassed) or will not be successful losing weight or keeping it off. Maybe (or for sure) that's because I got hurt before or progress I made didn't last."
 _____ 13. "People say I should, but I don't care enough (or at all) about losing weight and keeping it off."
 _____ 14. "I might as well give in to the temptation to eat (or not exercise), because I have to do what makes (have obligations that make) dropping the pounds nearly impossible."
 _____ 15. "I don't need to be so concerned about being overweight . . . at least not yet."
 _____ 16. "I need to eat fattening foods, or more food, to help make up for being deprived OR distract me from feeling uncomfortable."
 _____ 17. "I ought to be able to shed fat without sweating from exercise. I don't have time to (don't like to) sweat."
 _____ 18. "I should be nice (polite or kind) to someone when he/she is being pleasant to me — even when that means he wants me to eat what I shouldn't or skip exercising."
 _____ 19. "I ought not to mind it when someone nags or disapproves of something I do or don't do. If anything, what he or she does should encourage me and make it easier to lose pounds."
 _____ 20. "I cannot use losing weight because it has hurt my health as a reason for shedding pounds." Someone could say, for example, "I'm healthy enough now and it might be years before my health suffers."
 _____ 21. "I should not need to do what's uncomfortable or difficult to drop pounds and keep them off."
 _____ 22. "I ought not to believe that something is true when an expert — or someone who behaves like one — says what I believe is wrong."

How to score:

1. Make sure you read all of the statements.
2. Count your checkmarks and write that number here: _____.

What your total score indicates:

- A score of ten (10) or higher clearly is positive. You showed a particularly important higher level of recognition or awareness related to a group of 22 common misunderstandings . . . very much enabled by politically correct untruths. I am sure they create what makes adults overweight. That is blocked sufficient and persistent motivation or willpower. The higher you scored, the sooner you can be successful by using the new answers and specific suggestions you find here.

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- A score of nine (9) or less suggests a lower level of awareness. You may doubt you need this program or you're still getting ready for relief or prevention. Also if you scored nine (9) or less, go back over the test to be sure you counted your responses correctly and didn't misunderstand the directions. If you find you did miscount or misunderstand, it's okay to change your total.
- If your score doesn't change, you needn't feel discouraged. As you read chapters five and six, you may find the clarification there is useful and increases your total. Please continue to read.
- Look to see if you circled any numbers of the statements. If so, write those numbers here: _____.
Chances are that those (ones you circled, if any) will be the numbers of the Fat-notions that give you more trouble. That's true, even if you didn't check them. They do more than the other Fat-notions to make and maintain the excess body fat you need to get free of. When you get to Chapters 5 and 6, give some additional attention to the explanations of those Fat-notions and the Lean-beliefs that counter them.

Coming Next

Now that you have your first answers, what's covered in Chapter 2? I will explain — truthfully and in ways you can believe — the reasons it's necessary that you:

- Have and use a new bodyweight-freeing and preventing approach.
- Understand the reasons you misunderstood and may have thought you didn't have the interest or desire needed to "lose weight" or keep it off.

Please note: Do little rereading as you go. Also, avoid skipping ahead or around. Read all the way through and then review what you need to understand better. There is a reason for encouraging the above besides avoiding accidental misunderstandings.

You might have hidden doubts that would slow your reading and progress. A "hidden doubt" is one that exists just below awareness. It could cause you to "feel skeptical" without having one or more specific reasons you know about. I'll give an example below.

You could miss it and think that Motivation for Healthy Weight Loss doesn't say the group of 22 Fat-notions makes what causes obesity. If so, that could create a needless, unknown-to-you (hidden) doubt that Fat-notions create the extra pounds you want to get rid of . . . for good. Keep reading, do the simple activities recommended, stay enough in your Protective (Adult-like) ego-state and you will get rid of possible hidden doubts.

After she read and listened to an earlier version of Motivation for Healthy Weight Loss, a client told me that she had always heard that people were so unique that they required different approaches to weight loss. She asked, "Are you saying that's not true and that your approach applies to everyone who needs help and might read your book?"

Because I wanted so much to help, I resisted the impulse to "sugarcoat" and gave instead the BOLD answer. I responded by telling her that I was saying that. I believed this program was appropriate for her and every adult likely to read a book or magazine article looking for help to get rid of or avoid chronic excess body fat. I reminded her that as much as the National Institutes of Health dared it said that the previous ways to help didn't work. To make it more clear, I reviewed with her some other information you'll learn about.

I am sure this guidebook and its spoken content are the first sources of voluntary weight loss and control (excess body fat prevention) information that offer a real and safe solution. You, program participant, deserve to be told this. Now you can give yourself even more of an opportunity to better ensure your and someone else's happiness and health.

List of Not Significant Causes

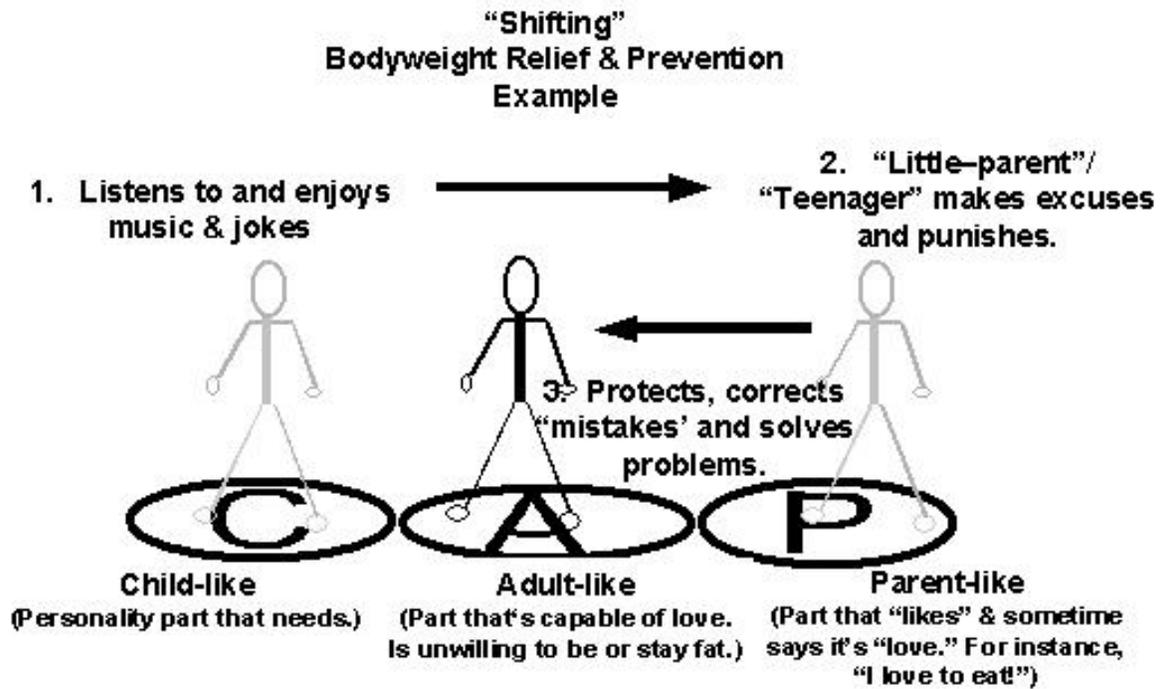
Given the chance, Motivation for Healthy Weight Loss and Excess Body Fat Prevention will prove that the following are not significant or important causes of chronic excess body fat – most especially the so-called “obesity epidemic” of the past 30 years . At least, none of them are when compared to the group of 22 willpower-blocking misconceptions, Fat-notions.

- disease, chemical imbalance, heredity, genes, or genetic defects (It takes longer than 100 years for human biology and genetics to make and maintain substantial changes. Consequently, a biological process and heredity cannot explain the recent overweight and obesity public health risk crisis.),
- taking in more calories than are burned (Again, as NIH pointed out – this is simply the physical mechanism involved and not the root or basic cause.),
- a hectic schedule (too little time),
- too little persistent motivation or willpower (Doesn't, but might seem to conflict with what else is being said.),
- eating too much,
- not exercising enough and well,
- consciously choosing to do what makes people overweight (not lean enough),
- an unhealthy lifestyle,
- junk and fast foods,
- super-sized portions of food served in restaurants and elsewhere,
- “emotional eating” (see the second article that follows),
- age,
- gender,
- not physically fit enough,
- love of food or eating (In fact, this and whether or not someone likes to exercise and sweat aren't important. Enjoyment of eating, tastes for foods and the inclinations to try and self-medicate, overeat and be physically inactive are learned early in life. And they might not show-up or become obvious until many years later. We and the people who depend on us or will someday cannot afford to have likes and dislikes that persist from and reflect childhood to be in charge of our futures! You wouldn't let even a terrific youngster dress you. Please don't let, without realizing it, a too inexperienced notions part of your personality decide how comfortable you are in your clothes.),
- community or societal influences,
- some food allergy or allergies,
- mental states (for example, boredom),
- not enough self-discipline,
- immaturity,
- sinfulness,
- not taking a drug,
- eating too much sugar,
- hunger, appetite or craving,
- common or traditional addiction (see the third article that follows),
- underactive glands,
- physical disabilities,
- having to prepare meals or being unable to cook,
- poor eating habits (see the third article that follows),
- too little asking “why,”
- “big bones,”
- not taking capsules filled with a “fat soaker-upper,”
- using the “wrong” exercise device,
- damaged self-esteem,
- weak muscles,
- no or inappropriate weight-loss goals or no plan,
- incorrect breathing,
- inclination to self-punish or self-destruct,
- poorly set “fat thermostat” (set-point theory),
- low metabolisms (see disease, heredity, genes above),
- the absence of dietary supplements,
- laziness (whatever that is),
- not caring enough about being fat or becoming as lean as needed,
- less education or intelligence,
- poverty or wealth,
- too little self-analysis,
- not getting enough oxygen to burn body fat,
- decreased activity due to technology,
- deep psychological conflicts,
- too much stress or so-called “stressful situations”(see the second article that follows),
- poor parenting,
- personality disorders,
- an eating disorder,
- consuming the “wrong” foods,

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- dieting or not dieting,
- some combination of two or more of the preceding (Regrettably, there's no believable evidence to support the notion that a meaningful number of adults who had chronic excess body fat were successful getting and staying lean enough – without substituting something as or more dangerous.),
- _____ . If you didn't see something close enough to what others told you was the basic cause of overweight and obesity, put that response here. It is as unlikely to be the underlying cause as those listed above.

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Childhood Obesity and Overweight

Blaming seriously threatens (sabotages) your and children's confidence and the strong enough desire required to become and stay safely lean. The basic idea behind blaming – whether it involves accusing junk foods or fast foods, large portions served, heredity, disease or anything else – is that personal responsibility and motivation are not that important. And that's absolutely untrue!

Who doubts that teenage and childhood obesity and overweight are health threats and increasing . . . especially during the past three and one-half decades? Evidently, experts have little doubt about the causes. They encourage us and our children to blame, for instance,

- fast food,
- junk food,
- soda consumption,
- poor parenting,
- large portions served in restaurants and homes,
- obsessions with weight-loss diets and dieting,
- unhealthy lifestyles and choices,
- stress and emotions,
- advertising,
- urbanization and technology that encourage physical inactivity,
- fewer opportunities and incentives to exercise,
- physical defects or disease,
- heredity or genetics.

The experts are, I believe, sincere and intend to help save money, self-esteems and lives. They certainly have the right to express their thoughts and publish the findings of their studies.

Respectfully, I'm sure they're mistaken. Junk foods, inactivity and other such factors are important to study and address. Still, they aren't essential or underlying causes of unhealthy excess bodyweight in children, teenagers or adults. The program that includes this article gives you complete and free access to convincing evidence of what is the essential cause: blocked fault-free powerful will (willpower). That's strong enough motivation that lasts because it involves caring about, far more than blaming, ourselves, someone else or something. (This program clearly shows and tells how that's done. Allow a more experienced portion of your personality test the truth of that for you.)

- It is reasonable to ask,
- "What difference does it make what or whom we condemn?"
 - "What do we blame if it isn't junk foods, 'super-sized' portions, heredity, too little exercise, etc. or some combination of them?"
 - "Do we accuse teens, children or their parents of being too lazy to do what it takes?"
 - "If not factors like decreased physical activity or increased use of fast foods, how do we explain the dramatic increase of overweight and obesity?"

Part of the reason we need to care and be careful is that blaming what we're encouraged to blame and accusing people seriously threaten the lives and futures of our children and their children. It's commonly agreed that "knowing the cause is half the cure." The further we get away from any probable cause, the more those younger folks will suffer. The essential and false notion behind blaming is that personal responsibility and motivation aren't that important.

Experts who encourage us to blame and criticize attempt to block our efforts to reduce and prevent overweight that would focus on motivation. That's done, in large part, by calling it "willpower" and giving that word inaccurate, negative definitions. They say, for instance, it implies making something like a "moral judgement" when hardly anyone who uses the word, willpower, means it that way. Those experts regularly get their funds and incomes from taxes, grants, legal fines and from fees. Getting enough money to do what they're sure is correct depends on convincing enough of us (the public) that overweight children, teens and adults won't help themselves.

If not factors such as less physical activity or increased use of fast foods, how can we explain the frightening increase of overweight and obesity over the past 40 years? Please be assured that I'm not encouraging the use of nicotine. Still, I doubt it's a coincidence that during the past 40 years of decline in smoking cigarettes we've seen a nearly equal increase in overweight. Many of the 18,000 smokers I've worked with gave concerns about weight gain as their primary reason for continuing. Former smokers have replaced cigarettes with alcohol, forks and food. We agree that the children and grandchildren of smokers are more likely to smoke. It is as likely that the children and grandchildren of former smokers who add bodyweight do the same.

The latest edition of this audiovisual program, Motivation for Healthy Weight Loss and Overweight Prevention, has a very different basic idea. It says that taking responsibility and persistent motivation (willpower) are most important. They are simply and most probably achieved without accusations or blame. I'm sure it will make more sense to you and protect children and adolescents.

END

Weight Loss & Overweight Risk Denial – News Media, Health Periodicals, Programs & Writers Infected but Still Can Help

Dr. Lovelace published a version of this article in response to a question someone asked him. “Why hasn’t what you’re telling me (about weight loss) already been in the news?”

Children and adults aren’t given crucial facts that are readily available and would help prevent disabilities and save their lives. Useful findings about illnesses such as West Nile Virus are relatively scarce. However, they get better media attention than the ongoing excess bodyweight that’s a far greater threat. That happens because health writers, periodicals and the news media are infected with a deadly “denial virus.”

That kind of defensiveness is worse in writers and reporters than what infects all of us. Without realizing it, they feel the considerable pressure to be commercially correct. They ignore (deny) facts because the food, diet, drug, exercise and other industries spend many millions of dollars annually on direct and indirect advertising. Those dollars help pay their salaries.

Here is another “sugar coating free” reason most adults in the U.S. and other developed countries suffer with overweight and the rest are going in that direction: too much of what popular experts write for publication and say in interviews with reporters and writers is only commercially or politically correct. Some of those sources say they do but never focus on substantially increasing the reader’s self-knowledge and confidence so he or she becomes more self-sufficient. Some assert that they increase motivation but only attempt to motivate readers to buy another product or program. Newspaper and magazine publishers maintain political (economic) correctness. They write and print to tell about external controls like diets, drugs and for-profit services. Broadcast media do the same.

Motivation for Healthy Weight Loss provides unique opportunities to gain and keep much needed self-control. Doing that involves exposing lucrative (moneymaking) lies often told about excess body fat and weight loss. That approach is unusual. It requires serving unhealthy and at-risk people far more than the wealthy groups now using false notions to exploit you and your family.

Experienced reporters and health writers are in a position to recognize:

- Adults already know enough of what they should do to lose weight and keep from gaining it. When someone bothers to ask, most say they need strong motivation that lasts or “will power” to exercise more and eat less.
- None of the diet, exercise, supplement, surgical, drug, etc. weight-loss methods, products or programs prove they are effective. A statistically significant number of their clients, customers or patients got rid of nearly all the weight they wanted to and should have lost. And the weight they dropped stayed off for at least five years.
- Governmental and other such sources of information suggest that so few people voluntarily lose and keep off bodyweight that there’s no credible evidence that diet and exercise methods are enough. They believe diet and exercise won’t work until something else is added. Those sources of information contend that science will find and provide an effective and safe treatment . . . perhaps a drug.
- Common weight-loss approaches say they do otherwise but subtly discourage our belief that motivation is important.

How can we explain U.S. citizens who will become disabled or die from excess bodyweight not being told that the weight-loss methods, programs and products they read and hear about aren’t effective like they truly need? What’s the reason they aren’t told they can trust their belief that motivation matters . . . despite many efforts to convince them it doesn’t? It’s denial and the perceived requirement among information sources that they maintain correctness.

Academic, government and community (professional) sources of information used by health writers, media producers and reporters discourage efforts to reduce and prevent excess bodyweight that focus on motivation. They do that by calling it “willpower” and applying negative spins to its definition. They say, for instance, it implies making a particularly negative moral or character judgement when hardly anyone who uses the word means it that way. These sources of information primarily get funding from taxes, grants, fees and litigation. Getting more money depends on convincing us, the public, that fat people cannot or will not help themselves.

Probably you’ve heard or read the occasional media coverage of some study that announced a “weight reduction breakthrough.” Someone found, for example, that when he or she injected mice with whatever the lab animals began to eat less and became lean. The report usually includes a stated or implied promise that within a few years he will have an effective treatment for overweight and obesity.

Sources of diet and exercise information have a reasonable response to the above: Unhealthy and unhappy people cannot afford to wait for a repeatedly promised and still undelivered safe and effective product identified in a lab. However, the diet and exercise sources also downplay the importance of motivation by alleging that it’s unnecessary. They advertise, for example, “Lose weight . . . will power NOT required.”

Adults deserve straight-talk and realistic answers. Intending no disrespect, health writers and media professionals need to heal their “denial virus” by using journalistic objectivity to explore the above. Then they can do even more to encourage extending the lives of adults and children. They can help protect the health and futures of their own children.

Emotional Eating – An honest misunderstanding used to sell some weight-loss programs, products and services.

A major distraction threatens our lives and happiness. It does the same to our children and everyone else we know. The more we're drawn away from a likely cause of unhealthy excess bodyweight, the more we, our families and friends will suffer. Most adults understand that knowing the actual cause is at least half of a real solution.

The notion that stress and emotions somehow cause people to eat too much and fattening foods (emotional eating or emotional hunger) is that huge, major distraction!

If someone is stopped and accused of speeding, does the police officer stuff the ticket in the car's gas tank? Even when he or she is innocent, it's the driver who gets the ticket. He is responsible – not the fuel that makes the vehicle go. Emotions are fuels for behavior. Our unknown thoughts cause the stress and uncomfortable feelings. The diagram at the end of this article clearly shows that.

Blaming emotions and stress for chronic overeating belittles the importance of personal responsibility and motivation. (Understandably, but mistakenly, people believe that hurt feelings and stress come from factors such as past events and full schedules.) Placing blame takes away too many of one's alternatives to choose from, and so, behave responsibly. Having more options and choosing are essential for safe and lasting "weight loss" and overweight prevention.

A patient who made good use of this program said, "I'm still having trouble accepting that stress can't make people overweight. Is there something more you can tell me that will help?"

I explained how blaming stress for the behaviors that make or keep us overweight is irresponsible. Blaming other people or ourselves is just as irresponsible.

Psychological stress is an internal (inside the person), biochemical response to the perception or thought that there is (might be) some threat. This particular biochemical response, stress, gets us ready to deal with whatever we think is or might be a threat. The thinking is the quick interpretive kind that we don't know about and would swear isn't present.

Part of getting us ready involves producing uncomfortable emotions. They fuel behaviors that will hopefully provide protection . . . if protection is needed. The quick thinking is like the driver of an automobile. The auto represents stress. Emotion is the fuel that makes it run. If the driver drinks too much and is charged with a DUI, the car doesn't get taken to jail to be locked up. The driver (thought), not his vehicle (stress), is responsible.

Further, I explained that she might still have doubts ... obvious or hidden ones. To be successful, it wasn't required that she be free of doubts. She did need to temporarily set them aside as much as she could. Doing that, she would give herself the well-deserved gift of her best opportunity to get rid of the unwanted, unhealthy excess body fat and permanently.



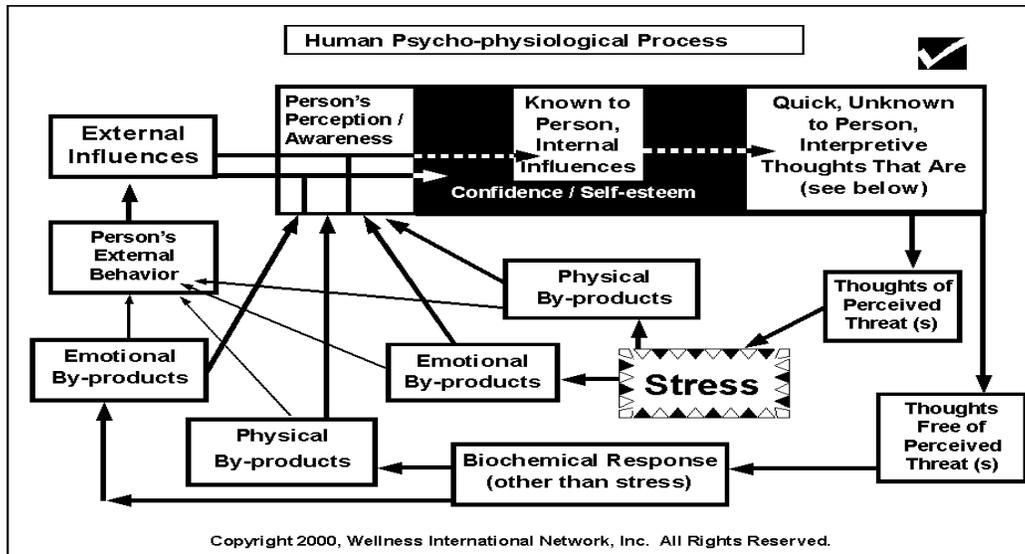
This isn't all that complex. What happens that creates the illusion that uncomfortable emotions and stress cause overeating? Was there a time in the life of a current "emotional eater" when she or he felt uncomfortable – maybe sad, angry, bored or anxious – and didn't eat compulsively? That's a sure bet. But over years of eating when she did feel uncomfortable ... she unintentionally trained or conditioned herself to think that foods, drinks and eating were "treats," "rewards" and more. She did the same when she had certain comfortable feelings. Now, when she experiences those emotions, it's like a powerful, but silent on the surface of her mind, "Pavlov-like bell" rings.

Overweight adults readily cling to the "emotional eating" concept put forth by some of those who want to help ... but also intend to sell their weight-loss products, programs or services. How come?

- The real cause of overeating – the thinking that leads to the emotions – happens without our awareness. Those thoughts are absolutely there ... but hidden from us. Overweight folks more easily accept what they know is present. They probably know they felt uncomfortable prior to eating excessively.
- People resist accepting the fact that their thoughts create the root cause (blocked willpower). They misinterpret that as criticizing them.

Motivation for Healthy Weight Loss and Fat Prevention offers an alternative to blaming mental stress or anything else. It says that taking personal responsibility and persistent motivation are most important. They are simply and most probably achieved without accusations or blame.





Eating Habits & Common Addiction

Eating too much at meals and snacking, for instance, at night . . . are they examples of bad habits that makes people overweight and obese or traditional addiction?

An overweight adult might say, "I know I have to break my bad habit of eating practically nonstop after dinner." Heroin addicts often describe what they're doing that's killing them as their "drug habit." Cigarette smokers do the same. They describe their smoking (addiction to nicotine) as a "bad habit."

Understandably, it's difficult for them to call those very hurtful activities and poor examples to children what they truly are. It's easier to call them habits.

People use the word "habit" to cover-up. When we call our behaviors that make and maintain excess bodyweight "habits" or even "bad habits," we make light of (deny) the considerable threat. Without meaning to, we avoid recognizing the truth. We very much need to recognize and accept that truth to be successful. But none of us can simply "flip the switch" to accomplish that. It takes some time and thinking about it.

An actual habit is something useful like locking car doors or putting on seat belts. The eating that makes people fat isn't a habit or addiction. It is "conditioning." That's what Ivan Pavlov did by ringing a bell when he fed his dogs.

Someone asked me, "Eating and not thinking about what I'm doing and eating wrong are bad habits, right?" I answered, "I thought so for a long time. Now I know there is no way on God's green earth that the eating that makes excess body fat is a habit or even a bad habit! It isn't a 'crutch' either."

"Carrying keys in a particular pocket is a habit. If the keys wear a hole in your pocket, then maybe it's a bad habit." "Please don't put something like carrying keys in a specific pocket and the eating that makes unhealthy pounds in the same category. The keys you carry won't

- make you look foolish when you aren't;
- play havoc with your self-esteem;
- make you look and feel unhealthy;
- disable you so you're unable to work;
- hurtfully influence the futures of people you care about;
- take years off your life."

A real habit isn't all that serious. Keeping excess body fat is extremely serious!

For something that's ingested (taken into someone's body) to qualify as addiction or addicting, the way it's popularly defined, there have to be readily-identified withdrawal symptoms soon after it's stopped. And those withdrawal symptoms will happen and be observed in animals – not just humans. That doesn't occur with animals when given the foods we humans eat that now make us fat.

You can train laboratory and other animals to eat too much and to prefer foods such as sugar. But that's conditioning, like what Pavlov did with his dogs, rather than usual or common addiction. Avoid thinking it's otherwise.

ⓄSome specialists say they don't mean physical dependence when they refer to addiction. That's probably a disclaimer. They know that lay-persons don't distinguish between addiction and dependence.

Obesity Epidemic & Increased Alcohol Abuse – Linked to stopping smoking?

(Adapted from a June 2004 news release.)

The “politically correct” answer is that they aren’t linked. Experts tell us, “Ex-smokers might gain weight but not that much.” “We don’t know why the rate of alcohol abuse has increased.” To the contrary, evidence suggests that those serious lifestyle health risks are related to smoking cessation efforts and methods.

Something especially lethal and wasteful is happening. Applying superficial remedies for smoking and nicotine addiction enabled a bigger threat to all of us. The public health crisis and financial burden of overweight and obesity now are added to those from cigarette smoking. The better news is that we can avoid piling on the next epidemic: alcohol abuse. We can with the help of adults who recognize that this evidence is accurate and will warn others. Before long . . . it will be too late.

Hints from published research, many clinical observations, a good ability to remember, strong timeline evidence and a more science-based perspective all combined to clearly say that increased obesity and alcohol abuse and stopping smoking are very much, strongly interrelated. Doing little more than pressure nicotine addicted people to not smoke – with lawsuits, higher taxes, smoking bans, and more – fostered piling on another lifestyle health risk crisis. And this one raises healthcare costs more than smoking. Other countries made the same enormous mistake. We humans have added a global overweight and obesity epidemic to the global smoking epidemic.

Please understand. You might respond to what I’m (Lovelace) telling with something like, “My friend is overweight and she never smoked.” I’m giving an explanation for the recent epidemic. That reason doesn’t apply to every situation.

Overlooked Reason for the Overweight Epidemic

Information supplied by government agencies and more bureaucracies establish that the current “obesity epidemic” happened within the past 30-some years. The significant push to get people to avoid or quit smoking cigarettes started a short time before. I’m convinced that “push” is the primary reason for that “epidemic.” Nicotine smokers didn’t have an effective, long-term way to avoid substituting eating for smoking. Many put down their cigarettes and picked up food, alcohol and chronic excess body fat.

One in five ex-smokers has occasional cravings for several years. The numbers are probably higher for those who tried to stop or reduce smoking with NRT or nicotine replacement therapy. NRT keeps the drug in someone’s body longer than he or she would realize. Saying “nicotine replacement” can be confusing. It’s “cigarette replacement.” The gum, patch, lozenge and spray are alternatives to puffing on cigarettes to get the nicotine.

People don’t expect to have prolonged cravings. Consequently, they confuse those with hunger for food. Also in those “stressful” situations where they smoked nicotine for its apparent calming effect, people compensate by eating “comfort foods” or drinking alcohol. Rather than smoke to “reward” themselves, they eat and drink. In restaurants, malls, stadiums and bars where they smoked before, now they eat more and drink more alcohol.

Sneaky Part

When unable to get their drug, heroin addicts can temporarily substitute with candy. Nicotine users do something similar. They stop smoking, have cravings and overeat, gain weight, understandably get discouraged, mistakenly blame their metabolisms and return to smoking. They keep the unhealthy fat or much of it. Later, when they cut back or try to quit again, they put on additional unwanted pounds. Unsuccessful efforts to stop or reduce smoking, or successfully staying quit, promotes becoming overweight or even heavier than before. From my experience treating thousands of adults, I’m certain that it’s the accumulation of excess pounds that does the damage. Even if the average amount of weight gained after stopping is less than 10 pounds, smokers stop several times before success.

That’s the hidden or sneaky part of what’s occurred that led to the global obesity epidemic. People added considerable excess body fat from several attempts to quit or cut back and are still smoking . . . some smoke heavily. Other folks made several attempts to give it up or reduce smoking, added bodyweight each time, finally succeeded and gained only a few pounds afterward. Hardly anyone would associate all the added unhealthy pounds with efforts to not smoke or smoke less. We humans tend to forget what we think are our failures. If asked, we honestly don’t recall all the times we stopped or cut back.

Overweight Youth

How do we apply this discovery to the increase in childhood obesity and overweight? People readily agree that the children of smokers are more likely to smoke. It is as probable that the children of former and occasionally-attempting-to-quit smokers who add bodyweight do the same.

Parents understandably involved their children when they sought relief from stress or another source of enjoyment by substituting eating for puffing on butts. Consequently, those youngsters had more exposure to and acceptance of the group of politically correct, because they make experts and their sponsors the most money, untruths that reduce interest in being physically active and eating healthier. That’s much of what made the children overweight.

Fewer teens are smoking or admitting to it. Obviously they’re eating more.

“Junk Foods” and “Couch Potatoes” Not that New

Experts blame the consumption of fast and junk foods along with technology that discourages physical activity. Allegedly, those common factors cause or contribute to the overweight and obesity epidemics. But were fast foods, junk foods and beverages produced and only begun to be widely used in the past three decades? Have adults and children that recently become "couch potatoes" and disinclined to be physically active? A big "NO" is the truthful answer to both questions.

We all grew up with such convenience foods and beverages. One difference is that the "junk" older Americans ate and drank during childhood had more calories than much of what's sold today. Many of us didn't begin to do aerobic exercise until 20 or 30 years ago. I doubt there has ever been nearly so many gyms, exercise programs and devices as we have now. In our neighborhoods people walk or jog to exercise. When we seniors were children, if a grownup was running down the street, we looked to see which neighbor's dog was chasing him. If out walking, probably he was going to a local store for a soft drink and sugary treat.

There are additional varieties of fattening snacks and prepared meals and more places to purchase them. Even with the considerable advertising that's done, ultimately the way it works is that demand drives availability. There are more available because people want them. It isn't that people want them because there are extra junk and fast foods and places to buy them. Advertising doesn't create the demand nearly so much as it influences which places and fattening products people will use to satisfy themselves and their children. The increased demand results from consistently substituting or occasional attempts to replace cigarettes with food and drink.

Better News – How to Avoid Adding the Next Epidemic: Alcohol Abuse

The well-intentioned individuals and their articles that helped enable the global obesity epidemic and cover-up its probable cause do what's politically correct. Understandably, they prefer data and study results that support their views and those of their benefactors. Those "enablers" and benefactors (food, alcohol, diet, fitness, exercise and drug industries and parts of government) that generate enormous profits or tax revenues might claim otherwise. Still, exposing what experienced professionals who might help readily can recognize as valid doesn't promote smoking. It does the opposite. For teens and children who don't want to become fat or fatter, it's another incentive to not start smoking.

It is exceedingly important to know about this likely link between smoking cessation and reduction and adding large amounts of unhealthy bodyweight. It says that instead of raising taxes and in other ways penalize people and their employers for unhealthy behaviors our representatives need to examine some realities. No matter how much they want to help, please don't let elected officials or government bureaucrats and corporate executives apply superficial remedies to try and solve public health problems that have internal, inside people, origins. We will sufficiently overcome the widespread false notions that create the essential cause of nicotine smoking, overweight and alcohol abuse or we and our children will continue to suffer for it.

Sample of Hints from Published Research

Again, doing little other than pressuring us to not start or to stop smoking cigarettes and not go back to them was the huge, major error that fueled the global obesity and overweight health risk crisis. It made America and other more developed countries fat. (France was an exception. That country's bureaucrats didn't begin, until recently, to push them to give up cigarettes.) Hints from published research helped with that insight. The following list gives you a sample.

Note that relatively few of the "hint" studies came from the U.S. and Britain, the home of the company that promotes and sells worldwide the nicotine "replacements." It seems that experts in other countries are more apt to be insensitive to politics. This is, I believe, further evidence of a cover-up.

- Simmons D, McKenzie A, Eaton S, Cox N, Khan MA, Shaw J, Zimmet P. Choice and availability of takeaway and restaurant food is not related to the prevalence of adult obesity in rural communities in Australia. *Int J Obes Relat Metab Disord*. 2005 Jun;29(6):703-10.

This (above) is a particularly thoughtful investigation of that relationship. It's also the most recent published research. Previous (politically correct) studies basically said there is more overweight and obesity and more eating of fast food. Consequently, a meaningful part of the reason people are fat is they consume those foods. The authors of this Australian study looked to see if that relationship existed. They found it didn't: Overweight isn't related to fast (takeaway) food consumption. The availability of fast food and other restaurants is unrelated to obesity.

- Marques-Vidal P, Ruidavets JB, Amouyel P, Ducimetiere P, Arveiler D, Montaye M, Haas B, Bingham A, Ferrieres J. Change in cardiovascular risk factors in France, 1985-1997. *Eur J Epidemiol*. 2004;19(1):25-32.

The authors of this study reported that during the period 1985 to 1997 data suggested that the general population of adults in France didn't become more overweight. Somewhat fewer men were smoking at the end of the 12 years but more women were puffing on cigarettes.

- Arnett DK, McGovern PG, Jacobs DR Jr, Shahar E, Duval S, Blackburn H, Luepker RV. Fifteen-year trends in cardiovascular risk factors (1980-1982 through 1995-1997): the Minnesota Heart Survey. *Am J Epidemiol*. 2002 Nov 15;156(10):929-35.

This study of U.S. adults covered the same years as the French research report, described previously. The authors found that while cigarette smoking had decreased significantly, excess bodyweight had increased significantly.

- Marques-Vidal P, Ruidavets JB, Ferrieres J, Bingham A, Cambou JP. Cardiovascular risk factors trends in men from Haute-Garonne, 1985-87 and 1989-91. Results from the MONICA project, Rev Epidemiol Sante Publique. 1996 Jan;44(1):5-13.
Researchers found that among a group of middle-aged men in France that fewer of them were smoking and more of them were overweight at the end of a six-year study period (1985 to 1991).
- Swinburn BA. The obesity epidemic in Australia: can public health interventions work? Asia Pac J Clin Nutr. 2003;12 Suppl:S7.
The obesity epidemic in Australia has been recognized and written about since 1980. During the same time, smoking cigarettes was substantially reduced . . . not with treatments but with strong policy and environmental restrictions. That's what I (Lovelace) call the "big push": pressuring, instead of helping, nicotine addicted adults to stop.
- Janzon E, Hedblad B, Berglund G, Engstrom G. Changes in blood pressure and body weight following smoking cessation in women. J Intern Med. 2004 Feb;255(2):266-72.
This study of Swedish women reported a "highly significant" link between increased weight gain and quitting smoking.
- Rasky E, Stronegger WJ, Freidl W. The relationship between body weight and patterns of smoking in women and men. Int J Epidemiol. 1996 Dec;25(6):1208-12.
Austrian researchers found significant results confirming an association between cigarette smoking and lower amounts of overweight in men and women. Heavy smoking* as well as stopping were significantly associated with higher relative bodyweight.
* Periodically quitting smoking often leads to smoking more and more. I (Lovelace) suspect that's much of the reason some companies that make cigarettes "encourage" smokers to stop. It's also a sneaky way to promote their brands. As said earlier in this article, people who repeatedly stop and start back smoking and ultimately continue to puff on butts probably add the most weight.
- Shukla HC, Gupta PC, Mehta HC, Hebert JR. Descriptive epidemiology of body mass index of an urban adult population in western India. J Epidemiol Community Health. 2002 Nov;56(11):876-80.
This cross sectional representative study of 99,598 adults in Mumbai India found that age, level of education and nicotine use were linked to bodyweight. Smoking cigarettes, dipping and chewing nicotine were meaningfully associated with low bodyweight.

