

Weight Control and Obesity

Overweight, Obesity, and Weight Loss

Obesity is one of the fastest-growing health crises among Americans. Approximately 65% of Americans are either overweight or obese. Despite the cultural ideal of slimness and health, obesity rates are continually rising, in part due to a social and commercial climate that promotes poor diet and reduces physical activity. Fast food chains, large portion sizes, packaged foods, sodas, and other very high calorie choices are readily available and inexpensive. And the typical American now walks less than 6000 steps per day, much less than the recommended 10,000 steps daily. Americans, and an increasing number of individuals worldwide, are living in a “toxic environment” that promotes obesity. A standard measure of healthy body weight is the Body Mass Index (BMI) which takes into account both height and weight. Males and females with a BMI between 19 and 24 are at a healthy weight, according to the National Institute of Health. A BMI over 25 is considered overweight (for example, a 5’4” person who weighs 145 pounds), and a BMI over 30 is considered obese (for example, a 5’9” person who weighs 203 pounds).

What are the risks associated with obesity?

- Obesity was the second leading cause of preventable deaths in the U.S. in 2000, second only to tobacco
- Obesity is consistently linked to severe medical problems including: heart disease, high cholesterol, stroke, Type II diabetes, many types of cancer, arthritis, complications during pregnancy, and sleep apnea
- Overweight and obesity are often associated with emotional and psychological conditions: shame, guilt, social embarrassment, relationship difficulties, poor body image, low self-esteem, depression, and anxiety
- As many as 30% of overweight individuals seeking treatment for weight loss also have Binge Eating Disorder (BED). BED is a psychological condition characterized by:
 - Consumption of an objectively large amount of food in one sitting
 - Feeling a loss of control during the binge
 - Eating more rapidly than normal
 - Eating large amounts when not hungry and until comfortably full
 - Eating alone due to embarrassment
 - Feelings of disgust, sadness, and guilt after bingeing
- Individuals with BED are more likely to be depressed, and they are less likely to be

helped by traditional weight loss programs. For more information about BED, including symptoms and treatment options, [click here](#).

What can I do about my weight? How effective are weight loss treatments?

- A 10% reduction in weight generally produces significant physical and psychological health benefits
- There are numerous self-help books, popular diet programs, support groups, and specialized treatment programs available for weight loss. Americans spend more than \$33 billion per year on weight loss products and services, and most Americans have attempted at least one diet.
- While many programs are successful in bringing about weight loss, most individuals have had the experience of quickly regaining the lost weight once the program/diet is terminated. In fact, research has shown that most individuals regain most or all of the weight lost within three years of traditional weight loss programs or diet plans.
- Cognitive-behavioral treatment is considered the most effective treatment approach for weight loss/maintenance. Research has shown that cognitive-behavioral treatment is especially effective when it includes **nutritional education** and increasing physical activity.

What is cognitive-behavioral treatment for weight loss?

Cognitive-behavioral therapy is a scientifically-based program developed after years of research on the most effective approaches to weight loss. Cognitive-behavioral treatment for weight loss/maintenance consists of three basic stages:

1. Changing eating behaviors
2. Challenging cognitions, or the psychological patterns and dysfunctional thinking that gets in the way of healthy eating
3. Long-term maintenance of weight loss

Phase 1: Eating behaviors

- Learning to recognize and adjust destructive eating patterns
- Gaining control over binges
- Education about nutritional needs and hunger
- Identifying alternatives to social and emotional eating
- Starting a manageable exercise program
- Restricting calories for steady and healthy weight loss

Phase 2: Cognitions

- Identifying cognitive distortions
- Adjusting thinking to promote success rather than shame and hopelessness
- Reducing depression and anxiety
- Increasing social support and improving existing relationships
- Learning stress management skills
- Improving body image and self-confidence

Phase 3: Maintenance

- Development of individualized weight management plans
- Prevention of weight regain
- Maintaining motivation for a healthy lifestyle
- Strengthening coping skills for challenging situations and future setbacks

Recommended Reading:

[The Beck Diet Solution: Train Your Brain to Think Like a Thin Person](#)

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