

The Eating Force

How a man struggling with obesity despite years of psychotherapy discovered a new approach.

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I hope this conversation between me and a client during our first session illustrates not only our work with his particular struggle, but also the way the Internal Family systems model approach differs from other “talk” therapies. The IFS model was founded over twenty years ago by Dr. Richard Schwartz in Chicago, and has since gained an international following.

Tom came to me at the recommendation of his physician who was concerned about risk factors stemming from his obesity. A handsome 53 year old father of three, Tom is a successful management consultant in the software industry. The kind of man that many would describe as “burly” or “bear-like”, Tom makes a big impression just entering my office. He is clearly one of those fortunate few able to charm almost anyone with a readiness to smile or laugh imprinted in thin lines around his mouth and lively, hazel eyes.

I’ve changed Tom’s name and other pertinent details to protect his privacy. Tom generously agreed to share his story in the hope that it will help others.

Tom at the urging of his GP wants to change what he described in our initial phone consultation conversation as some “bad eating habits.”

He’s skeptical, however.

He’s been in therapy before, gained some insights and gained some weights. The “bad eating habits” persisted. What’s more he expressed that resented the idea of “continuing with a shrink because I’m

some kind sicko. I went to one for years,” he told me within two minutes of our first session. “Nice lady, but nothing helped. In fact, attacking the problem made it worse. Maybe I should just get a script for drugs. It would be a lot cheaper.”

Tom S: One thing that really bothers me about psychotherapy is it seems like I am coming to you (once more!) as the expert who has all the answers. The notion that you therapists have it all together and somehow I am the sick one that needs fixing. It feels unnatural.

Valery R: *Not all psychotherapists undergo their own therapy, but I remember being leery of colleagues who had not been in therapy themselves. The journey of psychotherapy takes a lot of courage and willingness to face one’s own internal struggles. It is hard to go the depths with clients when I haven’t done it myself. It’s an ongoing process that continues throughout life.*

You, Tom, are the expert about yourself, not me.

That’s why I see clients here, both for coaching and psychotherapy, but not “patients”.

I gave up the notion of having “patients” years ago. Having a “patient” assumes that you are indeed a sick as you pointed out, and I’m the well one. We all have challenges in our lives and times when we could use some help.

As for medications, sometimes they can really help create an internal environment where deeper work can be done. In that case, we could discuss getting you a psychopharm evaluation.

Tom: So what about insurance? You don’t take it and so many others do.

Valery: Three reasons, in short. 1. Privacy. The insurance companies require detailed notes and records, which can find themselves in the wrong hands. 2. Many insurance plans limit the number of visits covered. What happens to our work after visit 4 or 5? 3. The insurance companies basically decide, according to various diagnoses, what type of therapy is required, and how many visits are needed to “cure” the problem.

Tom: What you just said sounds like a forever commitment on both sides. I’ve already been in therapy and I can’t afford to do this forever without seeing results.

Valery: *I hear that. What would change look like to you?*

Tom: *Losing some weight and keeping it off.*

Valery: *So, Tom, you are able to lose the weight, right? But then it’s difficult to keep it off?*

Tom: *As my doctor may have explained to you, both are difficult now. But if I go on a diet now, I don’t want to gain it back.*

Valery: *I get it. Do you want to try something different?*

Tom: *Sure.*

Valery: *OK, so tell me what happens when you overeat? I imagine you've learned an awful lot in your previous therapies about when, why and how it happens.*

Tom: Yeah, and look at me. I can tell you I eat from stress. I eat when I'm angry. I eat when I'm anxious. Eat when I'm unhappy. Eat when I'm bored. The whole Ying Yang.

Valery: *Am I hearing you to say you would like not to eat anymore at those times?*

Tom: Yeah. That would be a miracle. I'd like to just eat when I am hungry. I know all the things I should do: I should put my fork down, wait twenty minutes, and see if I'm really hungry. Not buy sweets and have them around the house. 'Mindful eating' they call it.

But when I want to eat I just go for it. Nothing can stop me.

Valery: *So I hear you saying that when you want to eat you just want to eat – it's like a force inside you that takes over.*

Tom: Right.

Valery: *OK... I'm going to suggest that this force is a part of you – not all of you. It becomes very strong and hijacks your system. It feels like it's all of you in these moments.*

I am also hearing that there's another part of you that would like to not overeat, and has committed many years of therapy trying to figure out how.

So – bear with me – you have an intense force inside that overeats, and another part that really wants to stop overeating, yes?

Tom: *I guess you could put it that way, yes, I have two parts at war inside.*

Valery: *This intense force that wants to overeat shows up in certain situations when you are feeling: stress, boredom, anger, anxious, or generally unhappy. Do you have a sense of what this force does for you when it takes over and you start eating?*

Tom: I am not sure what you mean.

Valery: *Give me an example of when this intense force makes you eat?*

Tom: Easy. I'm driving home, last one to leave work (there have been layoffs so you've got to show you're doing 150 %.) My wife Sheila gets on the Bluetooth speaker – tells me I'm late, which of course I'm well aware of, but it's now turned into a Federal case about how I don't not caring about my family, my kids....

There I am in traffic at three miles an hour in my little metal box behind this groaning, fuming tractor trailer. No way out of this mess!

I notice this box of honey glazed donuts in the passenger seat, left over from an office party. They are calling to me. Next thing you know I'm down to the last quarter bite.

Valery: *What did you notice going on inside you before you started eating the donuts, and before Sheila reprimanded you about being late?*

Tom: What I did I notice? I noticed the same old thing – that I can never please Sheila and I wanted to tune her out.

Valery: *So then what happened? Did you reach for the donuts?*

Tom: I must have because my mouth suddenly was full with this stale donut, and my hands were sticking to the wheel. But it sure tasted good and I didn't hear another thing she said.

Valery: *You just said a whole bunch of interesting things about your process of overeating and what happens.*

I think this part that is overeating is really trying to help you, not hurt you.

Tom: *Well, it makes me feel bad about myself, but it also cuts me a break from the drudgery of life.*

And for a moment that feels real good.

Valery: *That part is trying to give you a break, and it may not know any other way to do it except through food. If it knew another way it might be willing to loosen its grip.*

This part that tries to catch a break for you by eating keeps coming back precisely because it wants something good for you. It doesn't know how to get your attention any other way.

Even if it's negative attention.

Now would you be interested in getting to know this part a little better?

Tom: *Only if it will eventually go away....*

Valery: *I can understand that you would like it to go away.*

What if it was appreciated for the job it's been trying to do, and you were able to find another way to accomplish "a break" from the drudgery? This part might actually want to be doing something else!

Tom: *Like playing basketball again.*

Valery: *Yep, like playing basketball again.*

Tom: *So when do we get started?*

Valery: *We already have.*