

IDENTIFY AND BREAK PSYCHOLOGICAL BLOCKS TO WEIGHT LOSS WORKBOOK

It's time to break all your mental blocks and
unleash a new version of you.



This Workbook Belongs To

**Identify And Break
Psychological Blocks
To Weight Loss
Workbook**

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Self-Sabotage

Do you believe that you deserve to be fit, healthy and at a normal weight? Many people don't. This psychological block is very real and deters your success quickly and mercilessly. Where there is low self-esteem or worse yet, self-hatred issues, staying overweight and being overweight can be a subconscious form of self-punishment. When you don't believe you deserve it, or you have a need to punish yourself, self-sabotage will read its ugly head quickly stopping long term success in its tracks. These can be deep seeded issues, and a licensed mental health professional can help you work through them.

Your Thoughts And Beliefs Play A Key Role In Self-Sabotage

Consider this scenario: You're at dinner and see cheesecake on the menu. You think, "it's only cheesecake, I had a long day, I deserve it or I went to the gym today, a little piece won't hurt me." You eat the cheesecake, then you feel guilty and anxious and berate yourself for falling into the same old trap.

The initial thought or thoughts is what led to giving into that cheesecake, other examples of such thoughts include:

- Why should I suffer, I am starving
- I've had a long hard day, I deserve it
- It's okay to cheat tonight, I will start over tomorrow
- What's the point, I have no willpower anyway
- I have no control over my cravings, it's too hard to fight them
- I will eat this but workout for 2 hours tomorrow to make up for it
- I shouldn't deprive myself

Goals:

You must change your thought patterns in order to strengthen your resistance and replace self-sabotaging thoughts with empowering accurate and rational thoughts.

- Why should I suffer, I am starving – *instead: it's uncomfortable but it will go away*
- I've had a long hard day, I deserve it – *instead: "I deserve the best health and body"*
- It's okay to cheat tonight, I will start over tomorrow – *instead: "tomorrow is today, there are no more excuses"*
- What's the point, I have no willpower anyway – *instead: "I have total control over my actions and what I eat"*
- I have no control over my cravings, it's too hard to fight them – *instead: "I have a craving, but that doesn't mean I have to give in, it will pass"*
- I will eat this but workout for 2 hours tomorrow to make up for it – *instead: "I won't eat this because I am committed to my own good health and weight loss"*
- I shouldn't deprive myself – *instead: "I deprive myself of what is unhealthy, but with that I am giving myself so much more that is"*

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Living To Eat Versus Eating To Live

“Eating to live” is a healthy mindset that considers food as sustenance and a requirement for survival.

The “living to eat” mindset is obsessed with food and uses food as an emotional crutch, and typically results in eating for reasons other than hunger.

Do you “live to eat”? ___ YES ___ NO

Are you obsessed with food ___ YES ___ NO

Goals:

- Until you shift your mindset towards “eating to live,” and seeing food as it was intended for sustenance, it will be difficult to lose weight and most importantly to keep it off, as your food obsession will take over all your dietary decisions.

Body Shame

Hate or loathing of your body is a major psychological block that could be controlling your ability to lose weight. Whether you feel embarrassed about your general appearance, have shame about a specific aspect of your body, or have a traumatic event in your past that has shaped your body image, recognizing your body shame is the first step in overcoming it.

Are you ashamed of your body? ___ YES ___ NO

How does that manifest? What things do you say to yourself about your body?

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Inability To Handle Discomfort

Fear of or lack of comfort with discomfort is another psychological block to weight loss. All change in life involves some level of discomfort, and a weight loss journey presents a lot. It is therefore very important to get comfortable with discomfort. This is a life skill that can also help you many ways in life.

Goals:

- Practice is key. Spend 10 minutes each day in some type of discomfort. Sit out in the cold without a jacket, take ice cold showers, skip dinner, whatever makes you uncomfortable, just do it.

Distorted Thinking

In order to have the proper mindset and the correct psychology for weight loss you must change your thought process towards a healthier lifestyle.

Goals:

- Learning to feel satisfied with just being satisfied after a meal, and not stuffed
- Learning to identify real hunger versus a mental desire to eat for other reasons
- Being able to overcome cravings
- The ability to monitor food intake – which includes mindful eating and portion control
- Develop healthy coping skills for stress, and negative emotions
- Be comfortable with and accept that food restrictions and portion sizes are a natural part of a healthy weight
- **Accept that lasting habit changes are needed for lasting weight loss and this means that healthy thinking must be maintained for life**

Your Heartfelt Desire

The decision to lose weight may seem like one you make with your rational mind, but in reality, it is one you make with your heart. In your soul is where you get in touch with your deepest fears as well as your most heartfelt dreams, and in this lies the key to lifelong healthy habits.

Motivation varies from person to person, it may be a desire to look good, or a more negative one that stems from fear, such as the threat of heart disease or type 2 diabetes that results from overweight and obesity.

Your real motivation, what lies deep down, likely comes from a negative place, like fear. You may fear chronic disease or missing out on your favorite activities. You may be afraid that others will make fun of you or that you won't live as long as you like. While these are valid reasons to lose weight, you first have to acknowledge that that is, indeed, where your motivation lies.

Think about what would happen if you did not make positive changes for your health. What are the positive consequences? If you want to make health a priority in your life, you have to prioritize it for the right reasons. And focusing on the positive outcomes of these new habits is what will sustain over the long haul, not living in fear of what might happen if you fail. Keeping this positive motivation in the forefront of your mind and your decisions will enable you to be successful in your change efforts.

True lasting motivation always comes from your heart not from your head. A deep heartfelt desire goes a long way to lasting weight loss.

DIET PLAN WORKSHEET



Choosing The Best
Weight Loss Plan For You

Considerations When Choosing How To Diet

Is this diet a temporary band aid or will it teach me to eat right and keep the weight off for life? (most important consideration)

Is this a diet that promotes lasting habit changes, or a fad diet that cannot last for the long term? Yes ___ No ___

Is deprivation of certain foods overwhelming and not sustainable for me?

How much food preparation is required?

Is there counting or tracking of any kind?

Will I stick with tracking? Yes ___ No ___

Does the plan fit with my life and work schedule?

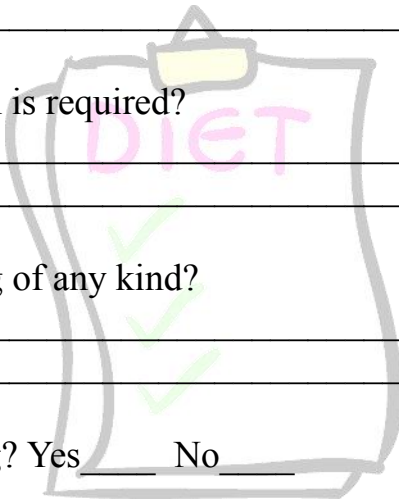
Are there success stories and documentation of its effectiveness? Yes ___ No ___

Is purchasing special products required? Yes ___ No ___

Does it cost money? Yes ___ No ___ Can I afford it? Yes ___ No ___

Is there an online support community? Or any support? Yes ___ No ___

Is eating out doable and supported on the diet? Yes ___ No ___



How much time needs to be dedicated to the diet?

Do I have that kind of time? Yes ___ No ___

Is the diet in line with medications I am taking? Yes ___ No ___

Is it okay with my doctor? Yes ___ No ___

Does it conflict with any medical conditions I have? Yes ___ No ___

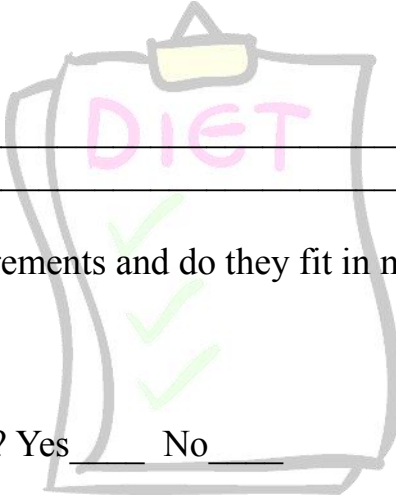
Have I tried it before and it failed? Yes ___ No ___

If so, why?

What are the exercise requirements and do they fit in my schedule?

Yes ___ No ___

Am I willing to exercise? Yes ___ No ___



Food Restrictions

What are the food restrictions? _____

Can I live with the food restrictions?

Yes _____ No _____

Will I miss restricted foods too much to stick with it for the long term?

Yes ___ No _____

What are the allowed foods? _____

Do I like the allowed foods?

Yes _____ No _____

Will I get bored easily with the plan? Yes _____ No _____

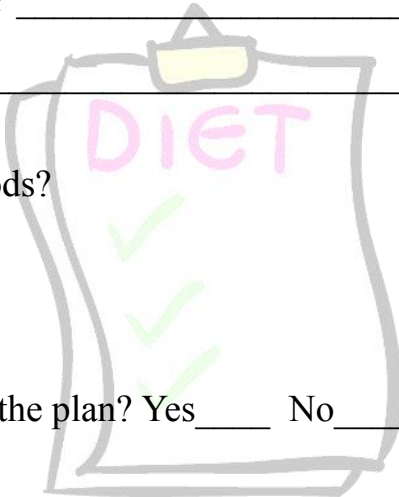
Will there be a need to cook separate meals for my family? Yes _____ No _____

Is there an extra expense in regards to foods allowed? Yes _____ No _____

Are there complex food preparation requirements? Yes _____ No _____

Do I have the time and energy for the preparations? Yes _____ No _____

Are there recipes available to make the eating plan easier? Yes _____ No _____



Considerations For Paid Diet Plans

Fee Based Diets Pros and Cons

Pros

- One on one support options are available.
- Online communities exist that offer support.
- Paid diets are usually very structured and great for those that do not know anything about proper eating and fitness.
- Most are scientifically sound and provide correct portion and calorie control, as well as the right foods to lose weight.
- The successful ones work, and have solid reputations.
- Food delivery is available, which makes it easier to follow.
- Many paid programs do not involve tracking and counting, which is nice for those that hate to do it, or have little time.
- Many people cherish things they paid for, as opposed to those they got for free. When you pay for a plan it might be a big incentive to stick with it.

Cons

- Paid programs can cost a lot along with the cost of food.
- Supplemental fresh grocery items need to be purchased along with the prepackaged meals.
- Usually the program is prepaid for at least a month and if you quit you lose money.
- For those on a budget they are not feasible.
- Many paid programs include food delivery, which has its drawbacks in that dieters do not really learn how to shop for, measure, track prepare and cook healthy meals to maintain and manage weight on a permanent basis.

**TRACKING HEALTHY HABIT
AND LIFESTYLE CHANGES
WEIGHT LOSS JOURNAL**

Instructions

Print out the 1-week journal, and fill in the areas on a daily basis, each page is for one day of the week. Here are explanations for areas of the journal.

Dietary Habit Changes Made

Consider these healthy habit changes that support permanent and lasting weight loss, here are some examples.

Choose Healthier Foods/Eliminate Unhealthy Choices

- Eat clean – eliminating junk and processed food and choosing real whole food
- Eat less or no refined carbs – sweets, chips, white starches i.e.: rice, bread and pasta
- Fruit for dessert versus cake
- Skipping dessert
- Fill most of your plate with vegetables
- Eliminate soda and sugary drinks
- Healthy snacks: handful of nuts, piece of fruit, raw vegetables

Caloric Intake

- Figure your ideal daily caloric intake to create the deficit needed to lose weight - <http://www.calculator.net/calorie-calculator.html>

Smaller Portions

Portion control is key and maybe the most important habit change you can make

- If you usually eat 10 ounce steak, choose to eat a 5 ounce instead
- Choose 1 tablespoon of potatoes instead of 3
- Cut your typical meal portions by half

Goodies In Moderation

Moderation is another key habit change. Instead of depriving yourself of goodies that you love, learn to moderate your intake.

- 1 or 2 bites of cake versus 1 or more slices
- 1 cookie versus the whole bag
- 2 or 3 chips versus the whole bag

Mindful Eating

Mindful eating means paying attention to the food you eat, so you can be aware of how much you ate or even that you ate, versus eating in front of the TV or with other distractions where you hardly notice your meal, and which usually results in over eating.

Exercise/Physical Activity

Track your physical activity, if you did not exercise consider the reasons why, be honest, don't just list excuses, only by being honest and truly understanding yourself can you make changes for the better.

Stress and Fatigue Levels

Tracking your fatigue and stress levels allows you to see how these states affect your dietary and exercise patterns and choices.

If you notice that stress and fatigue cause you to make poor choices, which they usually do, make a stress management plan and plan how you can get more rest and relaxation to lower your fatigue levels.

Emotional States

Boredom, loneliness, and sadness are often emotions that cause emotional eating; where food is used as a crutch and is typically marked by eating junk food eating when not truly hungry. Keeping track of this allows you to see any patterns of emotional eating.

If you notice such patterns seek healthy alternatives for dealing with your emotions, so you can break the cycle of turning to food.

Notes For The Week

Use this optional area to journal at the end of each week about anything you feel is pertinent.

This is a good place to reflect on successes and congratulate yourself or conversely write about your struggles, and any related feelings.

You can also note any special experiences, roadblocks you noticed or anything else you feel important about the prior week.

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Monday				
Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ___ What were they? _____

No ___ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ___ Activity: _____
 No ___ Why not? _____

Stress Level: None ___ Mild ___ Severe ___

Fatigue Level: Mild ___ Moderate ___ Severe ___

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Tuesday				
Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ___ What were they? _____

No ___ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ___ Activity: _____
 No ___ Why not? _____

Stress Level: None ___ Mild ___ Severe ___

Fatigue Level: Mild ___ Moderate ___ Severe ___

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Wednesday

Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ___ What were they? _____

No ___ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ___ Activity: _____
 No ___ Why not? _____

Stress Level: None ___ Mild ___ Severe ___

Fatigue Level: Mild ___ Moderate ___ Severe ___

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Thursday

Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ____ What were they? _____

No ____ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ____ Activity: _____
 No ____ Why not? _____

Stress Level: None ____ Mild ____ Severe ____

Fatigue Level: Mild ____ Moderate ____ Severe ____

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Friday				
Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ____ What were they? _____

No ____ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ____ Activity: _____
 No ____ Why not? _____

Stress Level: None ____ Mild ____ Severe ____

Fatigue Level: Mild ____ Moderate ____ Severe ____

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Saturday				
Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ___ What were they? _____

No ___ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ___ Activity: _____
 No ___ Why not? _____

Stress Level: None ___ Mild ___ Severe ___

Fatigue Level: Mild ___ Moderate ___ Severe ___

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

WEEK OF:	WEIGHT:	GOAL:	POUNDS LOST:
-----------------	----------------	--------------	---------------------

Sunday				
Breakfast	Snack	Lunch	Snack	Dinner

Dietary Habit Changes Made

Yes ____ What were they? _____

No ____ What happened? What stopped you? _____

Exercise/Physical Activity

Yes ____ Activity: _____
 No ____ Why not? _____

Stress Level: None ____ Mild ____ Severe ____

Fatigue Level: Mild ____ Moderate ____ Severe ____

Emotional State

Note any experiences of boredom, loneliness, sadness or other feelings that caused you to make unhealthy food or lifestyle choices _____

