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2014

International Journal of Advanced Multidisciplinary Research and Review
ISSN 2330-1201

International Journal of Advanced Multidisciplinary Research and Review
Volume 2, No.:2, 2014 Winter
Pages: 32 – 114

The linkage between Fitness, Nutrition and Mind for our Well-being, Abundance and Health.

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The purpose of this study was to examine the linkage between Fitness, Nutrition and Mind for our Well-being, Abundance and Health. This study aimed to inspire each individual to seek health the way that suits him, while taking into consideration "all area of life" and the strong rapport between three components that determent our health: **fitness**- "work-out", **nutrition**-"eating smart" and **mind**- "work-in" mentally, emotionally and spiritually. The work, a product of more than ten years of practicing the Gymind™ method (combining Gymnastics and Mind) learned how the right "usage" of all three components is the key for best physical and mental health of the self, according to his or her goals in life. Researches and recent fitness-nutrition-mind studies formed the grounds of this work, along with studies of the subconscious mind such as NLP, EFT, Time-line-therapy, hypnotherapy and Theta-Healing, in order to look over the body-mind connection for therapy and personal growth. The field of "discourse analysis" (mainly a la Perelman's new rhetoric) served at times as a tool to present a thesis and ease the connection of all components of this interdisciplinary study. Personal stories, presented in *italic and painted in grey* reveal the path of 17 individuals, (not all present in this article) varied in age (adults and children), gender and goals in life, consistently emerged throughout the study. They all agreed to reveal their own fitness-nutrition-mind experience (they have been embracing over the years as my patients), in order to convey a strong message, tips and guidelines about changing bad habits, embrace an active

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life-style, making healthier nutritional choices, improving self-image, getting stronger physically and mentally, heal themselves and find spiritual growth. They all mainly provide an inspiration for us to find our own finest path, know ourselves better and mainly take charge over our life and take action towards Well-being, Abundance and Health.

Keywords: Fitness, Nutrition, Mind, Health, Body-Mind connection, subconscious-mind.

Introduction

Human kind is at quest for longer, healthier, better life. It's an issue well talked about on TV shows, magazines, books and websites. It seems as if by the second a new health study appears before the public and brings THE answer for our perplexity about what is good for us, both physically and mentally. We may have lost our inner compass, flooded with information, sometimes contradictory and confusing. According to Agus, (2012) nothing about Health is "one-size-fits-all" so until we know how to perform our own "fitting" we won't be able to live the long and happy life that's awaiting us.

Carved into the port of the Temple of Apollo at Delphi were two famous phrases: γνῶθι σεαυτόν (*gnōthi seautón* = "Know thyself") and μηδέν άγαν (*mēdén ágan* = "nothing in excess"). We must agree on that: Knowledge is power. And understanding is the key, not only for attaining a good health but also for keeping up the results for many years to come. It is Perelman (1977) who insists upon a "point of agreement" when two people must have in order to establish a solid communication. The researcher and the readers: WE here must also agree, along with modern medicine as well as ancient spiritual Zen and Buddhism, on this disreputable argument in order to establish a thesis: body-soul-mind-spirit are strongly connected, inseparable, so influenced by one another, up to a point where we can refer to them as one: the SELF, and HEALTH as we seek and strive for is incomplete without one of them. Take for instance a nonulcer stomach ache one may suffer from. According to Mayo Clinic approach (2011) the conventional medicine knows to ask nowadays: have you been stressed lately? What do you "keep inside"? What is the "mental source" of this pain? And how changes in diet and lifestyle as well as exercise, cognitive-behavioral therapy and mindfulness-based stress reduction can help your doctor find the adequate cure and sometimes avoid unnecessary medical interventions. (Larzelere, 2008). No need to go that far

though. Hunched shoulders and a wrong posture can indicate on weaker back extensors. It can also be as a result of, or the exterior reflection, of a low self-esteem, shyness or mental trauma of any sort. Shahidi (2013) found the upper trapezius muscles are selectively activated by psychosocial stress independent of changes in concentration or posture. Treatment can be dual: exercising and toning up the Latissimus Dorsi (back muscles) may strengthen the spirit. It's also the mental therapy that aims to lift the spirit that will bring for a higher self-esteem, making one go straight and improve posture.

What is "Health" all about? Is it measured by the numbers such as weight or cholesterol levels? The numbers of years we live? Is it a "life-style" – being active, eating "healthily"? We live in an era when Health probably means *individual* and *Holistic* way of living that will allow each of us to achieve that often elusive but now reachable goal of a long vigorous life. Agin, (2008), suggests several to-do-things-fit-all we can embrace to stay healthy and to take a big step toward energetic aging and disease prevention: 1. don't smoke 2. Maintain a healthy body weight 3. Exercise daily for 30 minute 4. Eat five or more servings of fruits or vegetables daily 5. Avoid refined sugars and starches 6. If you drink alcohol do so in moderation (no more than two drinks per say for men, one per day for women) 7. Keep your blood pressure under control, 8. Have your cholesterol checked yearly, 9. Keep your blood sugar in normal range, 10. Have a mammogram or prostate check yearly**.**

And if we do follow that list, is that enough for happiness, mental and physical health? It's certainly a good place to start. Physical activity and smart nutrition are only a part of the equation for a complete and healthy life-style. Complement the third part in the equation for our health: The power of the mind and the ability of the brain: our thoughts, our emotions, our words and our dreams, hence our Mind. Even though we live in "the golden era of brain research" as Chopra puts it, (2012), the study of the mind stays limited. One of the most influential and inspiring movie on that matter was released in 2011: Limitless, an American mystery thriller film directed by Neil Burger and starring Bradley Cooper, Abbie Cornish, and Robert De Niro.[2] With the help of a mysterious pill that enables the user to access 100 percent of his brain abilities Eddie, the main character, finds out he is able to learn faster and recall memories from his distant past, or predict the future. His mind is sharper than ever and he possesses the key for endless opportunities.

[2] Limitless is based on the 2001 novel *The Dark Fields* by Alan Glynn with the screenplay by Leslie Dixon.

It's a movie of "what if": what if we were able to use all 100 percent of our brain, what if we had the key for endless opportunities. Humanity is not there yet. Even the greatest brain sergeants and the best neurologist stay in the dark as far as the endless capacities of the brain and endless possibilities it holds within. It's not only the "brain doctors", but western medicine as a whole. Certainly, we all benefit of conventional medicine. Far beyond medications and progress, the essence of conventional medicine has its own powerful spiritual vibration and it is up to us to use it wisely. But our body consists of more than just matter, or cells running around with automatic responses communicating with each other like a "biological machine". Feelings, emotions, beliefs they all influence how we behave and have dramatic effects on the body well-being, even on a cellular level. The cells, in the brain and in the body as a whole, are very aware of the environment both inside and outside the body and have individual intelligence, while still remaining connected to the whole. (Stibal, 2008). Far beyond what "meets the eye" along with smell, touch, hear, taste – there is this certain "je ne sais quoi", this certain "energy" we have to consider when we strive for happiness, self-fulfillment, abundance and health. I once heard this phrase I tend to use often: "A dark room is not necessarily emptied of furniture". When once radio waves seemed atopic we now may not be so surprised that we think of someone and he suddenly calls. Thoughts are those "radio waves", feelings and emotions form our "energetic DNA" that determine our reality for better or for worse, depending on us. We may be born with a certain biological DNA but we also possess this energetic DNA that we should face first, and then alter, if we choose to.

This work is not necessarily about finding the "best answer for you". This would be too presumptuous, since no one can really give the "best answer for you"… but you. We base this study on the strong supposition that the right path for health, happiness and abundance in so personal that only the individual himself is responsible of finding and embracing the "best answer". As a trainer I have experienced many "breakthroughs" sessions over the years, personally and professionally, having the privilege to escort people along their journey, becoming a true believer in Gymind™ as a way of life, as a "treasure chest" providing many wonderful tools for life. This study aspired to learn about those things-fit-all and perhaps yield some more. We take a close look at all that with the help of Muriel, Aida, Oliver, Maya, Irene, Barak, Belle, Leroy, Tamara, Moses, Bethany, Hana, Ili, Emma, Tom, Liana and Ave, the true heroes of this study. All those wonderful individuals have agreed to reveal fractions of their personal road for health, utilizing that "sacred triangle" of fitness-nutrition-mind.

Their voices are heard throughout three separated yet so connected components up to a point that we feel we know them already, proud of their success, anxious when they struggle. The pure purpose of this study is not only to know them a little better, but more importantly to hopefully know ourselves better.

Discussion

Exercising is one of the means to achieve physical fitness. Pick up any woman's or even man's magazine, read any pamphlet in the doctor's office and you'll find that Exercise seems to be the prescription for just about every ill: from diabetes to heart disease to obesity and weight-loss to depression to fatigue. We now know (Blair 2009) that regular physical activity of 150 minutes a week of moderate intensity physical activity reduces the risk of numerous chronic diseases; or that exercising for 30 minutes at least 5 days a week makes us look and feel better while reducing risks for many chronic conditions. Physical activity boosts our immune system and mental sharpness, and helps avoid obesity, diabetes, cancer and heart problems. Getting in shape is all about setting attainable goals and finding a fitness routine that meets individual needs and interests. Sitting down most of the day, despite a strenuous morning workout, can be as bad as or worse than smoking. (Agus, 2012). An important study conducted by CPS-II, the Cancer Prevention Study II (Alpa V. Patel, 2012) shows the surprising damages of sitting. For those just starting out with regaining control over an active life-style, almost any activity can count as exercise; from walking and dancing to swimming or biking. Staying fit means listening to our body and learning what makes us feel the best. It is important to be patient if we take on strenuous aerobic activity or strength training. Trying to up intensity too quickly can lead to injury and loss of motivation.

Hana, a 22 year old girl came to my studio four years ago. The goal: to lose some weight and to get in a good physical shape. She "hated" sports (so she claimed), needed a personal trainer to get her motivated and "dragged" herself 40 kilometers to meet me once a weak for an hour of Gymind™ session. In her mind she knew she was compelled "to DO" but basically she needed a constant push. For months and months that was the case: an hour of training session once a week, combined with a fair maintenance of healthy nutrition. Things have changes during that time. Hana slowly "absorbed" the importance of "DOING". I am not sure

(we are still talking about it) if she "fell in love" with fitness activities, but she certainly slowly embraced the joy of "feeling" her muscles, appreciating the resistance and pain. 6 days a week she aims to train for exactly 20 minutes, not longer, and enjoys an optimum doze of exercise her body needs for maintaining a balanced weight and a good health.

Success in weight-loss begins in the mind, when we make a conscious decision to change behaviors. The term "Flexible mind" or a "Cognitive flexibility" can be related to memory strategies, emotional stability, being better at planning, and organization (Colzato, 2010). In the frame of this study we refer to it not necessarily in that sense: A synthesized research definition of cognitive flexibility is a *switch* in thinking whether that is specifically based on a switch in rules or broadly based on a need to switch one's previous beliefs or thoughts to new situations (Scott, 1962). When a person is "chained" to old habits, beliefs, conceptions about him and his life, but he is opened to "recruit" his mind to create a change, (because he wants the change, no matter how extreme and distant it may be from what he knows and is familiar with), he then uses the flexibility of his Mind.

Aida, 45 years old married and mom of three came to my studio two years ago. Her older daughter had been seeing me for over a year prior to our encounter for weight-loss and nutrition consult, and Aida always wanted to make a change in her life just like her daughter did. She was finally ready and determined to make a change.

Aida's first wish she expressed with shiny eyes (even before sitting down on the couch in our first encounter) was "I wish I could run". It was then and there that I told her firmly: "great, let step out of the studio and take your first run". The switch was formed instantly. And over the next four weeks, with the proper physical practice and a solid training program but mostly the proper state of mind- a runner was born.

Aida's fear of running was justified. She was not much of a sportive person as a child, but it was a traumatic event at the age of 19 that led her into a complete loss of trust in her body; and the ability of her legs to carry her (nevertheless "running her") was questionable. When Aida was 19 years old she had been experiencing abnormal pains in her thighs. For months doctors did not find the root cause of the pain, until a random US showed a tumor in her mid-thigh. Aida was operated and the tumor was out. But the worse was still ahead. One day, while standing on one leg wearing her denims Aida heard a loud "crack" noise, fell down and found herself with a broken thigh. "A misfortunate rare condition" as the doctors described

that left her with long excruciating operations. Aida lost not only her freedom during those long months of recuperating, but at the age of 19 she lost her confidence. "I did no longer trust my left thigh" she said, "at the age of 19 I was trapped in an old conspirator-back-stabbing body".

Notice how people tend to carry around signs that they assume to define them. "I hate sports" , "I am not made for jogging" or "I would never neglect my sedentary behavior no matter how hard I try to" would be a small example of how those signs, that people have created at some point and chose carry around with them, control their life and perform a distorted definition of who they "really" are. Those signs they carry along suit them right. They have what Stevenson (2007) call a "secondary gain". They "earn" something: permission to rest, maybe the sympathy from society, and some attention. Those signs create a form of Identity, a Definition of the self. That even if false or negative, still makes them at ease with the "knowledge" of who they are. Their subconscious mind has created at some point that "Decision": "I am a couch potato", and there you have it. A person who is unfit, flabby, doesn't feel so great, and it is harder and harder for him to move around and do the basic things placed in that category of a "couch potato". He can become a "former couch potato" and even become a real athlete and totally transform himself.

The first step would be finding that WILL for a change. Just like Oliver the 12 years old kid who said repeatedly over and over again "I need a Change". Or Aida who was firm about the will to run, an action she had only dreamed about for years after her injury. The second step would be acknowledging that a change CAN be made, acknowledging the fact that he who created those signs can easily put them away would sometimes be enough to gain a fool change. And by DOING sometimes long enough a new improved habit may emerge.

In order to fully eradicate the bad habit you wish to change, this mind technique that changes submodalities from the subconscious mind is highly recommended. (Stevenson 2007). The swish Pattern is a very simple and effective way to create an objective and favorable image of yourself that produces immediate results in specific troublesome situations. In this case: changing a bad habit by using the ability of the mind to adapt to a new behavior you create. Swish patterns are for the purpose of creating momentum toward a compelling future hence install choices for a new way of life.

1. *Get the picture that represents the habit or the situation you would like to change. When you think of that bad habit. Do you have a picture?*
2. *Get the picture of the type of person you would like to be. How would you like to be instead? When you think of that, do you have a picture?*
3. *Change the visual intensity of the desire state (make the picture brighter, bigger, and closer, do whatever you need to create it better for you, for the most "real" or most positive Kinesthetic. For example: you see yourself in control over your body, in charge, feeling happy and contempt).*
4. *Bring back the old picture..*
5. *Insert in the lower left-hand corner a small dark picture of the desired state.*
6. *Simultaneously have the picture of the current state rapidly shrink and recede to a distant point while dark picture explodes into full view. This can be accompanied by a SWISH sound*
7. *Repeat for five times, and make sure you have a break state between each Swish Pattern so as not to loop them. (Clear the screen or open and then close eyes). (Stevenson 2007).*

It only took Aida the fraction of a minute to digest my suggestion, make a switch and go out for a run. Indeed, it took her a few weeks and a whole training session to maintain a 3 km fluent run, but her Mind was ready, it was already "there", in action. By the end of week 4 Aida was ready for a fluent 20 minutes of run.

Barak is a 28 years old acupuncturist, recently graduated from college, taking his first steps as a therapist; inexperienced and with somewhat low self-esteem or exhibitions in executing his wishes and abilities. This is one level we discussed during sessions. The main reason Barak decided to dig deep in his soul was his relationship with his wife. He did not know how to put things into words, but he FELT something was not right. Barak felt his love life went down the hill without him having any control of it. His wife, 6 years older than he is (a sweat intelligent women, like her husband she is a therapist and an acupuncturist) was talking about the next step in their mutual life: becoming parents. Barak was petrified; he felt as if he had to make a decision: to stay married and have a baby or break up and walk away.

The first thing he had to do is to regain a sense of control over his life. The writing was on the wall: Barak had always been taken with jogging. He used to jog years ago back in college,

and when years went by he just stopped. "I feel alive when I run" he confessed, "I even know my allergies disappear, that I become stronger in body and spirit".

Integrating a jogging session in his schedule required him to rearrange his timetable and reorganize his choices in his everyday life.

During our busy lifestyle people complain they don't have the time or energy to take a walk every day. That's why Pedometer is so recommended. It's not a matter of speed, power or how long you take the walk; it's only a matter of counting the steps we make per day. 10,000 of them is the number to reach. A 15 weeks program research (Morgan, 2010) shows that 10,000 steps per day improve cardiovascular performances and positively influences many variables that are indicators of health, fitness and psychological well-being.

An innovative online pedometer program was developed by Dr. James Hill at the Center for Human Nutrition at the University of Colorado Health Science Center in Denver. The goal is for participants to increase their activity by 2000 steps per day and to decrease consumption by 100 calories per day, in order to prevent "creeping obesity". The Japanese Dr. Yoshiro Hatano began studying pedometer use in the 1960s. He noted that Japanese adults who walked 10,000 steps per day had less stored fat, compared with those who walked less. Similar relationships have been shown in the United States. One study found that women who took at least 10,000 steps per day were in the normal weight range and weighted considerably less that women who averaged 6,000 to 10,000 steps per day. (Fenton, 2006,), (Sidman, 2004). Another study (Cedric, 2003) concludes that watching two or more hours of television a day increases the risk of diabetes by more than ten percent and of obesity by nearly twenty-five percent. The pedometer is just the tool to help us be aware of how much we are sitting versus stepping.

Leroy (29) and Belle (27), a husband and wife, do not manage an active life-style. They work together in the same office; encounter the same difficulties everyday weight wise and exercise wise. Pedometer as a motivator for walking was almost inevitable. It was easier for Leroy. He simply took the dogs for longer walks each day (win-win situation for both Leroy and the dogs). For Belle it was more of a challenge. She wrote me one night that she did not achieve her goal of 10,000 steps so she walked on the spot in front of the television only to be able to show me a "good number" on the screen.

Tacking your steps every day –

Belle is motivated to success (Leroy is holding the Pedometer)

Making it count even more

13,000 steps per day Leroy's result, one of many[3]

Belle was born with a syndrome in her heart called "Mitral Valve Stenosis", a heart disease characterized by the narrowing of the orifice of the mitral valve of the heart. (Carabello 2005). She was operated at the age of 6 months old, grew up to be a beautiful healthy young woman. 4 years ago she began to take Normiten due to cardiac palpitations. Normiten is an international brand name of the drug atenolol, a beta blocker used to treat her uneven heartbeats. Like any beta blocker Normiten slows down the activity of the heart by stopping messages sent by some nerves to your heart. It does this by blocking tiny areas (called beta-adrenergic receptors) where the messages are received by the heart. As a result, the heart beats more slowly and with less force, which allows the pressure of blood within blood vessels to be reduced if suffering from (high blood pressure), and helps to prevent abnormally fast heart rhythms. (Go, 2007). But we found out during sessions that Belle cannot raise her pulse up, more than 120 BPM. We discovered that she gets tired very quickly (one of Normiten's side effects) and that preforming an intense session is almost out of reach. The interesting

[3] To be more accurate: 10,000 steps per day: for weigh control and healthier heart; 12,000 -15,000: for long term health and a more noticeable weight loss; 3,000 of daily steps at a fast pace several days a week: to boost aerobic fitness. (Fenton, 2006)

part of it all was that in the long run losing weight is a real challenge for Belle since her BMR (Basal metabolic rate) at the end of a day, busy and active as it may be, stays really low (a BMR of 1000-1100 calories per a relatively hectic day). This 27 years old women is attached to her pedometer and focuses on resistance training to tone-up her muscles.

Tom, a 12 years old girl, was sent to me by her pediatrician more than a year ago. "The girl is not active, she hates sports" said her mom in pain. "We eat very healthy at home, yet Tom is still overweight". The girl and I bonded instantly. And besides some "fine tuning" we made as far as nutrition was concerned I suggested she used a pedometer in order to take charge over her steps and movement. Since Tom's father travels often, he brought her from one of his trips a fine pedometer. Not a day goes by without Tom sending me a picture of the number of steps she has been taken. The goal: to maintain a minimum of 10,000 steps, and exceed that number, if possible. From a "sports hater" as her mom described her, Tom became much more active and enthusiast. "Look how high she can jump now" her mom told me on one occasion. And that's what it's all about. Encouraging Tom to be more active and improve her every day skills – jumping included.

Tom's pedometer tracking

Engaging to cardio-vascular activity was a Must for Maya, (29 years old, engineer, married), according to her cardiologist.

Our first encounter took place on May 27th 2010, when Maya revealed her main goal: to enable her heart and her body to carry a baby all through nine months of pregnancy. A close and careful study of her medical file revealed several terminologies such as "Tetralogy of Fallot ***syndrome,*** *a defect in the structure of the heart and great vessels presented at birth, PPCMP: Peripartum Cardiomyopathy a rare and frequently reversible cause of heart failure,*

(during her pregnancy and delivery) and long RP SVT: Supraventricular Tachycardia. Tetralogy of Fallot results in low oxygenation of blood due to the mixing of oxygenated and deoxygenated blood in the left ventricle via the VSD (Venticular Septal Defect) and preferential flow of the mixed blood from both ventricles through the aorta because of the barrier to flow through the pulmonary valve; An inadequate flow of blood to the lungs for oxygenation (right-to-left shunt). The mortality rate in untreated patients reaches 50% by age 6 years, but in the present era of cardiac surgery, children with simple forms of tetralogy of Fallot enjoy good long-term survival with an excellent quality of life. (Shabir 2013). So, at the age of 9 months old, on February 15th 1984 Maya went under a "total anomalous venous return to coronary sinus" surgery.

26 years later and Maya's cardiologist ordered her to get in shape before getting pregnant in order to be able to safely carry her pregnancy. That was our main goal: make a change fitness wise, nutrition wise and what later on was revealed to be the most meaningful: Mind and Spirit wise.

Oliver and I first met on November 11th 2010 when he was 12 years old.1.40 cm and 62 kg (BMI over 30) of a sweet "chubby" charming articulated smart and captivating young man. A true "rainbow kid" with a great soul and sensitivity and intuition.

Oliver's goals:

1. *Losing weight*
2. *Getting in shape*
3. *Making a change in life (his words)*
4. *Enjoy social acceptance.*

Oliver is the youngest of three boys. His mom is an art teacher and his dad an organizational consultant; a beautiful boy born to a loving family from a rural settlement in the center of Israel.

Oliver experienced some difficulties to face the world. He was diagnosed at the age of 3 (then four and five) to be "immature, maladroit and awkward", both with speech and movements. (February 2003) He had several imperfections and weaknesses that prevented him to fit in and to be like everybody else.

According to a psychological report (2004) based on:

Oliver's preschool teacher recommendations (February 26th 2003)

Preschool's psychologist (February 2003)

Child development center (March, July 2003), and

Occupational Therapy report (May-June 2003).

Oliver came to the world after a rough pregnancy and a difficult delivery. His motoric development was slow in comparison to other children and to his brothers at the same age. In other areas his developments was normal and his interaction with other children was good. However, he has some difficulties in organizing a sentence, in expressing himself; he avoided some games or dealing with unfamiliar tasks. This led to frustrations and childish reactions unsuited to his age. According to the psychology report (2004), Oliver's weaknesses were somewhat minor but enough to detain him from normal development and to make it hard on him to fit in. Psychologist recommendations: Oliver must continue to learn in a small protective settlement or in a normal preschool close to a personal assistant to help him get fit. Oliver should work with a speech therapist, a motoric therapist and his parent's assistance when coming to face difficulties in life.

Oliver's father got the worrying news about Oliver's difficulties hat in hand. Oliver's mom did not give up and together they fought for Oliver to have a brighter future. This in a child with an "inner world", whose speech is constructed by associations. Oliver's mom tells that he had a habit to talk to his hands as if they were puppets, creating his own world, almost shutting himself from others or protecting himself from an intimidating world. At the age of four Oliver had almost reached his goals, recommendations were to stay one more year in that special preschool. His mom insisted to reconsider again in several months (not to lose another school year) and gradually made Oliver integrate in a regular setting. One day at a regular preschool then two days until in a time frame of six month and at the age of five Oliver was ready to interact full time with regular kids in a regular school.

The special education also had a vital social benefit: It enabled Oliver's mom to do the "social work" outside of school and to organize social interactions with neighbors and friends in the afternoons.

Oliver suffers from a condition in his heart at the form of ***Premature ventricular contractions (PVCs):*** *Early, extra heartbeats that originate in the ventricles. Most of the time, PVCs don't cause any symptoms or require treatment*, (Lindsay, *2013) and so we could "jump into the deep water" and exercise with no further delay.*

Diagnosed in early infancy as Hypotonic, Oliver needs to strengthen his muscles tone. Hypotonia is a state of low muscle tone or muscle strength. It is not a specific medical disorder, (Goldenring, 2011), but a potential manifestation of different disorders that affect motor nerve control by the brain or muscle strength. Diagnosing the underlying cause is often unsuccessful, but treatment yields results such as physical therapy, occupational therapy.

For instance, infants with normal tone can be lifted with the parent's hands placed under their armpits. Hypotonic infants tend to slip between the hands as the infant's arms rise without resistance. With Oliver at the age of 12 the hypotonia was clear and evident while jumping on the grand trampoline for example. Jumping up and down made Oliver's arms (that seemed "loose" and "stress-free") to be "all over the place" putting both shoulders at risk of being ripped off of their joints.

He had experienced prior to our work together a hydrotherapy treatment for two years, three years of gymnastics, art therapy, swimming lessons (until the age of 11) and tennis class in a small group. Still, Oliver needed to regain control over his movements, his muscles and his body.

Oliver was enthusiastic to begin. Anxious and worried about the future as he seemed to be, yet a vigorous look in his eyes, he was excited to begin.

"I need a CHANGE" was a repeated phrase during our first encounter session. His will power was so strong that every physical challenge I gave him, was it a certain Jump on the trampoline or a balance routine on the balance board, was accepted with joy and excitement no matter how tough they were for him. The 12 year-old was perfectly clear about his goal in life, and I was captivated by his will-power and inner strength. Strength it will take some times to build physically.

1. *Oliver was instructed to be more active in his every-day life. To ride his bicycles more often, to walk over to friend's house, to walk to the boy's scouts sessions. To be aware of the fact that he is more active and to give himself fool credit for that.*
2. *Oliver plays tennis twice a week. When giving up on tennis he went to swim class twice a week. Oliver was encouraged to participate in any sports activity he wishes to attend to.*
3. *We meet once a week (for the last year once every two weeks) at the studio, practicing cardio-vascular training for 15 min:*

- *Trampoline*

- *Jogging*
- *Kick-boxing*
- *cycle training*

strength training for 5-10 minutes:

- *Total Gym*
- *Light weights and 4 Lb. power balls*
- *Functional exercises with bands, fit-ball, steps*

Coordination and balance:

- *balance board, Bossu*
- *Basketball*

As weeks went by, Oliver started to lose weight rapidly. With his new nutrition plan and Mind therapy, Oliver blossomed.

The vast majority of scientific evidence supports a beneficial role of exercise on achieving body weight stability and overall health, for children (future adults). The goal is to find ways to motivate them to exercise and adopt healthy lifestyles. In order to achieve this objective, we must be innovative and creative in finding ways to fight against the modern way of living that drives excess energy intake relative to expenditure. (Booth 2000). A study held in The Exercise Physiology Laboratory, Bloomsburg University of Pennsylvania, aimed to determine the maximal cardiorespiratory responses of 48, 5- to 6-year-old children (24 girls and 24 boys), who were tested on a treadmill and an electronically braked cycle ergometer. Not surprising was it that all children improved their physiological criteria. (LeMura 2011).

Liana detests the treadmill. I once was compelled to hold her for a whole 4 minute in order to keep her on it, convincing, cheering, while she was stomping on the treadmill reluctant and even hateful. The process of physical activity with Liana was by far more challenging than with any other kid I have encountered.

At the age of 4 years old (at our first encounter on November 4th 2012) Liana was 1.10 weighted 31.6 with a BMI of 26, way up in the chart as far as child obesity is concern. Exercising with her was fun at first: running around all over the studio, get acquainted with

fitness fun prompts such as the fit-ball or the jumping rope. Liana enjoyed a good sweat, feeling her body, enjoying using it. However, it was not always the case. When things became tougher Liana gave up almost instantly, wishing to stay in her "comfort zone". The trampoline was a huge challenge. Liana could not bear the thought of disconnecting her feet off of a solid ground. She dreaded the moment. So I held both her hands, but still then she jumped leaning forward since her belly would not let her jump straight up. Same thing with the treadmill. 30 seconds it was fun. But longer than that? Her small feet had a hard time to carry her body so it was hard. Heavy. Burning. Redundant.

Things did not progress as I anticipated. Liana was active one a week at my studio but preferred drawing or spending long afternoons in front of the TV watching her favorite "Dora the explorer" shows at home.

We had to integrate physical activities with her Sedentary Behavior and make her "move" more during the day. One of the major problems was that Liana did not understand WHY she needed the sweat. It was so much easier and nicer to just sit, chat or draw. And if the trampoline is a problem for example, the easiest thing would be to avoid it. To avoid the treadmill. To ignore what is so difficult and continue as usual without interruptions. She protested against coming to my studio so that her parents began to bribe her with candies to agree to show for a session. What a surreal picture it was: Liana with a big bag of potato chips on one hand a large box of chocolate on the other wearing a forced smile and walking down the stairs to begin a training session.

Liana, like any young child closely models her parents. So several changes were made in the house:

- *No more eating in front of the TV*
- *No more stocking the house with junk food*
- *No more making television the focus of family life creates a sedentary environment that is unhealthy. And when sitting and watching the Television they now do it sitting on a fit-ball so that muscles and balance work is constantly there.*
- *Daily family walks that add physical activity to the family lifestyle, walks they often take to the park and have great fun as a family.*

Liana does not carry all that pressure to be active and lose the weight. She has her family physical and moral support and they all embrace the Gymind™ method as a way of life, at home. A pedometer was brought to the house and I get a lot of family pictures during the week-ends showing how active they all are taking long walks or climbing mountains

Muriel, 22, came to my studio on august 31st, 2009. On an email she wrote me a week prior for our encounter: "I am considered to be a pretty girl but so fat that nobody can tell…" And was she right. The first thing I noticed when first opened the door for her was two big eyes connected to a body, quite large one, no neck at sight. 1.58 cm weighing 93 kg. with a BMI of 37.3.Measurements: L Right arm 39 cm, Belly 101 cm., Right thigh 69 cm.

On our first session we went for a long walk-and-jog training and even though she had a difficult time performing (raising her pulse up to 180 bpm. and more) we saw a great potential of a motivated young girl with basic aerobic abilities that only heavy weight of high body fat percentage prevented her from running lightly and easily.
A suitable and smart nutrition plan was a Must for this all-you-can-eat-junk-food lover which was crucial for her weight-loss process.
"My inner power drove me to success, I wanted to look good and to feel healthy" Muriel was quoted on Menta Magazine on September 2012 (weighting 58 kg and wearing a large smile). She rarely missed a training session and she worked hard.

Irene, a 37 years old woman, 1.62, 68.5 came to my studio on January 3rd 2011, and I could hardly anticipate the long profound journey we were about to embark to. Irene felt she needed a mental support (she was not sure she could stay married for one day longer) she needed to lose some weight and most of all she had been diagnosed with Lupus several month prior to our encounter and medications, as she put it, "were out of the question"[4].

[4] A systematic review of the English literature between 1982 and 2007 was conducted at the Servicio de Medicina Interna, Hospital de Cruces, University Of The Basque Country, Spain using the MEDLINE and EMBASE databases. Randomised controlled trials and observational studies were selected. What bothered Irene with the results was that although High levels of evidence were found that Antimalarial drugs prevent lupus flares and increase long-term survival, moderate evidence of protection against irreversible organ damage, thrombosis and bone mass loss. (Ruiz-Irastorza, 2010)

With each week of work Irene grew stronger in both body and soul to the extent that both the mental and the physical were hard to separate. When Irene strengthened her muscles she simultaneously strengthened her soul becoming more positive, passionate about life and goals. The mental process Irene went through will be long discussed in chapter 3 of this study.

Systemic lupus erythematosus is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue. It can affect the skin, joints, kidneys, brain, and other organs. The underlying cause of autoimmune diseases is not fully known. Lupus is much more common in women than men. It may occur at any age, but appears most often in people between the ages of 10 and 50 (Ruiz Irastorza, 2010) Over the past 4 decades, the incidence of Systemic lupus erythematosus has nearly tripled, and there has been a statistically significant improvement in survival. These findings are likely due to a combination of improved recognition of mild disease and better approaches to therapy. (Uramoto, 1999)

The disease is characterized by a variety of symptoms, especially fatigue, pain and reduced quality of life. Accumulating evidence indicates that regular exercise is beneficial in improving vascular function and disease-related symptoms associated with Systemic lupus erythematosus, (Barnes, 2012), improving cardiovascular fitness, reducing metabolic abnormalities and fatigue and improving quality of life. (Ayan, 2007).

A study from the Department of Medicine at the University Medical School, Chicago found that Patients in both exercise groups (aerobic and anaerobic) showed some improvement in fatigue, functional status, cardiovascular fitness, and muscle strength. Both groups showed increased bone turnover, but bone mineral density was unchanged. (Ramsey-Goldman, 2000).

A study from the National Sports Medicine Institute in London tested the efficacy of a graded aerobic exercise program in treating fatigue in systemic lupus erythematosus and supported the benefits of training on patients overall feeling (Tench, 2003) . Researches on that matter are numerous. (Strombeck, 2007), (Forte, 1999), (Carvalho, 2005) and many more. All evidence of the effectiveness of physical training may it be mild or moderate, aerobic or resistance training, they should all be conducted carefully for this population. (Barnes, 2012).

That's exactly what convinced Irene to begin a controlled exercise program. We did and still do) it all. Aerobic sessions, intervals with moderate or high intensities, kick-boxing, jogging, power trainings with weights bands and balls with high resistance. Irene loves to feel her body; she enjoys the pain that derives from working hard as opposed to the pain the disease

causes. In fact, Irene was so caught up with exercising (mainly because it made her feel so good) that at the age of 39, two years into her health process, she attended the Zinman College of Physical Education at the Wingate Institute of Israel and after long exciting 9 moth of studying she became a certified trainer. Touching her 40s, she is now hard into cycling and jogging (the semi Tel-Aviv marathon is just around the corner), a strong vivid woman who enjoys life and is learning to embrace Lupus[5] and make the best out of it.

Exercising for your health is important, yet does not stand on its own. "An apple a day keeps the doctor away", a fact most kids are familiar with from a very young age. Now, as grown-ups, we are fully aware of the importance of eating good/feeling good/looking good. We may even be flooded with information: Magazines (Women's Health, Men's Health, Self, Fitness…) TV shows, (the former Oprah show, Tyra Banks show, Allan...) reality shows (The Biggest Loser, Hell's Kitchen, Master Chef, Top Chef…) endless websites of recipes, nutritionists, success stories about weight-loss, they all represent this current era of awareness, knowledge and "media for the mass" as far as food, health and glamor are concerned. Nutrition plays such an important role in every part of our health, from disease to weight issues to life expectancy. And it's a proven fact. So we can't live on processed foods and factory-made foods and expect to have normal health (Fuhrman, 2003). A 12 years follow-up of a study from Boston found a significant positive association between the Western dietary pattern (higher intakes of red and processed meats, sweets and desserts, french fries, and refined grains) and the risk of colon cancer. (Fung, 2003) Our body uses food as fuel to operate at maximum efficiency. The better the fuel, the better our body runs. While it can survive on a diet of french-fries soda processed meats, we pay a price. (Agin, 2008).

Obesity occurs over time when we eat more calories than we use. A combination of dramatic change is eating habits and daily exercise results in weight loss, including a 60 percent reduction in the chance of developing chronic ailments, such as diabetes, heart disease, stroke, arthritis, and some cancers. (Fuhrman, 2003), (Vastag, 2004). A high body mass index is associated with an increased risk of mortality from coronary heart disease (Dexter, 2013). The prevalence of clinically severe obesity is alarmingly increasing in the Western world. The

[5] At one of our spiritual sessions Irene found out that her TOTEM animal is a wolf. (Totem animals are power animals, great spirits that walk through life with us, teaching guiding and protecting us). In Hebrew the translation of the disease is similar to the Hebrew word of Wolf. An interesting fact as far as "embracing the disease", since it's only by "acceptance" we can release the pain.

widely published trends for overweight/obesity underestimate the consequences for physician practices, hospitals, and health plans because comorbidities and resulting service use are much higher among severely obese individuals. Accommodating severely obese patients will no longer be a rare event, and providers have to prepare to treat such patients on a regular basis. (Sturm, 2003). A study conducted in Atlanta found that smoking is still the leading cause of mortality, but poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating health care costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US health care and public health systems has become more urgent. (Mokdad, 2004) Calorie restriction is the most effective and reproducible intervention for increasing lifespan, (Hursting, 2003), which means that lean people live longer. (Manson, 1995).

"Eating smart" will help you get there. Foods contain combinations of nutrients and other healthful substances. No single food can supply all nutrients in the amounts you need. For example, oranges provide vitamin C but no vitamin B_{12}; cheese provides vitamin B_{12} but no vitamin C. Eating large quantities of high-nutrient foods, according to Fuhrman (2003), is the secret to optimal health and permanent weight control: we must consume a high nutrient-per-calorie ratio. To make sure we get all of the nutrients and other substances needed for health, we have to choose the recommended number of daily servings from each of the five major food groups: grains, vegetables, fruits, milk, meat and beans. More than that, according to dr. Oz, (2012) a cardiovascular surgeon and America's sweat-heart doctor, our body has a tremendous ability to heal through nutritional excellence, and unlike for many diseases, the cure for obesity is known.

Its' never too late to decide and make a change in life. A Swedish break-through research found how "rehabilitated" 55 years olds who chose in a late stage of life to begin exercising enjoy a healthy and long life at the same level as seen among men with constantly high physical activity. (Byberg, 2009). Unlike Oliver the hypotonic kid, not all of us had the chance to begin from childhood, it does not mean we cannot begin now. By arming ourselves with solid knowledge and making changes to our current lifestyle we have a fair chance to live longer, surely we will live a better quality of life. (Agin, 2008)**.**

Moses, 48, pediatrician, married to a nurse father of three is a client of mine since August 2008. His goal was to lose weight and get in shape, "I want to feel better about myself, he said, and those 94 kg (on a 1.82 height) don't help me do that". When I asked him about his

eating habits it turned out that as a family they maintain very healthy kitchen at home, since two of his kids are "gluten free" and the awareness of healthy foods was there. However, since working long hours at the clinic and managing a very stressful schedule Moses does not eat all day long. It's only at 20:00 or 21:00 sometimes even later than that he eats a huge meal, compensating over a day of fasting.

"You are not less important than your patients" I said, You may even become a better doctor the minute you start taking care of yourself, beginning with eating. You will have more patience, you will feel less stressful and you will lose weight". Moses gave me a skeptic look, saying "does it matter if I eat 2000 calories in one meal or 6 meals during the day at a total of the same 2000?" I nodded, challenging him to just try it for one week. His wife was asked to prepare small meals to go, healthy snacks to carry around and lots of water. The following week Moses wore a huge smile after dropping 4 kilograms just by spreading his calories and fueling his body during the day.

It has been well established that the circadian clock plays a crucial role in the regulation of almost every physiological process including those of obesity and diabetes, (Richards, 2013) so that disruption of circadian rhythms are correlated with obesity, brain dysfunctions, cardiovascular diseases and metabolic disorders. (Mi Shi, 2012). Scientists from the Hebrew University of Jerusalem tested the effects of timing and fat intake on four groups of mice over an 18-week period to determine whether careful scheduling of meals could lower the effects of a high-fat diet. (Sherman, 2012). Notice that the research is actually in mice and researchers were trying to see if the body clock could have an impact on metabolism, which, in turn, could affect factors such as body fat.

Moses's only chance of eating a worm homey meal is a night after a hectic long demanding day as a successful pediatrician. He manages, thanks to some minor yet crucial changes in his eating habits, combined with physical work-out throughout the week to keep his weight off and enjoys a healthy life-style. However, recent studies explore how our natural metabolism is influenced by "Light at night". In recent years, we have shifted away from the naturally occurring solar light cycle in favor of artificial and sometimes irregular light schedules produced by electric lighting. Exposure to unnatural light cycles is increasingly associated with obesity and metabolic syndrome. (Fonken, 2013), (Obayashi, 2013). A study from Spain supports the hypothesis the behavioral (sleep duration, eating patterns and chronobiological characteristics) and hormonal (plasma ghrelin and leptin concentrations) factors explain

association between the Circadian Locomotor Output Cycles Kaput and weight loss. (Garaulet, 2011). This is highly related to the proven fact that reduced amounts of sleep are associated with overweight and obese status. Interventions manipulating total sleep time could elucidate a cause-and-effect relationship between insufficient sleep and obesity. (Vorona, 2005), (Gangwisch, 2005) (Bixler, 2005). In the Medical Scientist Training Program in the University of Pennsylvania School of Medicine, Philadelphia, researchers found that patients who had been treated for both Night Eating and headache by the same doctor, 29% were "not at all satisfied" with their treatment of headache compared to 76% "not at all satisfied" with their treatment of Night Eating . (Goncalves, 2009).

This study doesn't necessarily refer to Night Eating Disorder as a mental disorder, but more as a behavioral element while aiming to achieve a healthy life-style and a normal weight.

Most of us start off the day with the best intentions for eating healthy. Unfortunately, a missed alarm, getting stuck in traffic or working through lunch can botch the best plans for eating right. With today's hectic schedules and an abundance of convenience foods, it's easy to get off track even when you want to stay on course. However, seizing eating at a certain hour can help you regain control over the situation.

Hanna, finding comfort in her "20 minutes and you're done" routine; 45 years old Aida who once was afraid of running due to old injuries, and many more could testify (yours truly included) how seizing to eat at a reasonable hour, 3-4 hours before bed-time, is the key to success as far as losing excessive weight and maintaining a healthy regime.

Hanna is not highly physical active during the day, assisting her father the dentist in his clinic almost every day and studying hard to get accepted to med school. She does work-out 20 minutes a day, fully aware of the importance of cardiovascular and strength training. Hanna is petite, 55 kg (her weight 3 years ago) on a 1.52 height and her goal was to reach a healthy fat percentage, maintain her body strength and weight somewhere around 45-46 kg. Hanna shared with me the fact that she had known forever that eating at night really made it difficult for her to lose the weight and keep it off.

"I would go the bed feeling bloated and waking up in the morning angry at myself for eating at night, whether in was a social eating in good circumstances. I must put a stop to that, in addition to eating right and working out".

This is an example of a potential nutrition plan, ~ 1200 kcal we fixed for Hanna:

***8:00**: **200 kcal**; 2 Brazil nuts, 5 California nuts, 7 almonds and a handful of cranberries.*

***10:30: 160 kcal**: Fiber 1 (1 cup) and 20 grams of 60 % cacao chocolate flakes.*

***13:30: 300 kcal**: brown rice (6 tbsp.) 1 light corn schnitzel.*

***15:30: 200 kcal:** 10 rice crispers with 5 % cheeses (2 tsp.)*

17:00: 60 *kcal:* *an apple*

***19:00 250 kcal:** 1 boiled egg, a vegetable salad and one boiled potato.*

No matter how perfect our fitness activity is, we will miss our health goal if we don't eat smart. The diet plan we eat accordingly is equally as important as our workout routine, if not more so, in terms of getting the results we want to get. Our BMR is the amount of calories we'd burn if we stayed in bed all day. (Agin, 2008). A critical step would be to learn about our BMR or RMR (resting metabolic rate) in order to recognize our own daily caloric needs so that he can balance eating and exercise accordingly. Once we know our BMR, we can calculate our daily calorie needs.

Calculations are different for men and women.

***Men**: BMR = 66 + (13.7 x weight in kilos) + (5 x height in cm) - (6.8 x age in years)*

***Women**: BMR = 655 + (9.6 x weight in kilos) + (1.8 x height in cm) - (4.7 x age in years)*

The Harris Benedict Equation is a formula that uses our BMR and then applies an activity factor to determine our total daily energy expenditure (calories). In the early part of the 20th century, numerous studies of human basal metabolism were conducted at the Nutrition Laboratory of the Carnegie Institution of Washington in Boston, Mass, under the direction of Francis G. Benedict. Prediction equations for basal energy expenditure were developed from these studies. The expressed purpose of these equations was to establish normal standards to serve as a benchmark for comparison with basal energy expenditure of persons with various disease states such as diabetes, thyroid, and other febrile diseases. The Harris-Benedict equations remain the most common method for calculating basal energy expenditure for clinical and research purposes. (Frankenfield, 1998). The accuracy of this formula to predict dietary energy needs was affected by weight history status, according to a study published in *Nutrition Research* (Douglas 2007), suggesting that formulas used to calculate energy needs should take into account weight history and ethnicity.

If you are sedentary (little or no exercise) : Calorie-Calculation = BMR x 1.2

If you are lightly active (light exercise/sports 1-3 days/week) : Calorie-Calculation = BMR x 1.375

If you are moderately active (moderate exercise/sports 3-5 days/week) : Calorie-Calculation = BMR x 1.55

If you are very active (hard exercise/sports 6-7 days a week) : Calorie-Calculation = BMR x 1.725

If you are extra active (very hard exercise/sports & physical job or 2x training) : Calorie-Calculation = BMR x 1.9

Total Calorie Needs Example:

If you are sedentary, multiply your BMR (1745) by 1.2 = 2094. This is the total number of calories you need in order to ***maintain*** *your current weight.*

Once we know the number of calories needed to maintain our weight, we can easily calculate the number of calories we need to eat in order to gain or lose weight. Eating should be enjoyable, but it should also serve to keep us looking fit and feeling great. Whether we are trying to lose weight or just eat right, or build muscle, the smartest thing to do is create a healthy eating plan.

Fat will not make you fat (Zinczenko, 2010). In fact, not eating enough fat can make you fat. A 2008 study published in the *New England Journal of medicine* found that a diet in high healthy fats proves to be superior to a low-fat diet, both in terms of weight loss and overall health benefits. (Eckel, 2008) Saturated and trans fat have given fat a bad reputation but the truth is that the unsaturated fats found in foods like nuts, seeds, salmon and olive oil are key components of a healthy diet. Basically, figure out how many calories your protein and fat intake will account for, and then subtract them from your ideal total calorie intake. The majority of your carb intake should come from foods like fruits and vegetables, rice sweet potatoes, white potatoes and various beans and whole wheat or whole grain products.

The low carb craze of the early 2000s had people terrified of breaking bread, but eating the right kinds of breads and other grains can actually help you lose weight. An *American Journal of Clinical Nutrition* study found that people who obtained most of their grain servings from whole grains had less belly fat than those who skipped the whole grains. (Katcher, 2008) The reason: the fiber found in whole grain foods helps slow digestion keeping you fuller longer. You should still avoid refined grains like "enriched flour, but a moderate amount of whole grain bread can be a great addition to a balanced diet. (Zinczenko, 2013).

1. *We know now that at the time she began her health process Muriel weighted 96 kg and needed a calorie deficit in order to reach her goal and to eat 1686 calories per day. We trained together (and still do) twice a week so we predicted a higher maintenance level and a weight-loss in a good rate.*
2. *We also know that she needs to eat about 46.8 grams of fat per day, or 421 kcal. from fat.*
3. *We decided to go with an even 0.8 gram of protein per kilo of body weight. Since she weighs 96 kg that mean she needed to eat about 76.8 grams of protein per gay. Since 1 gram of protein contains 4 calories, that means her protein intake will account for 307.2 calories each day.*
4. *Muriel has at this point 307.2 calories worth of protein and 421 calories worth of fat, which means a total of 728.2 of her daily calorie intake is accounted for. Since*

she needs to be eating 1686 calories per day she has 957.8 calories that are not yet accounted for.

5. *Those 957.8 calories will come from carbs. Since 1 gram of carbs contains 4 calories, Muriel needed to eat about 239.5 grams of carbs per day.*

Muriel needed:

- *1686 kcal per day*
- *46.8 grams of fat per day*
- *76.8 grams of protein per day*
- *239.5 grams of carbs per day*

***7:00: 150 kcal, 4 grams of fat, 6 grams of protein, 21 grams of carbs**: 1 glass of chocolate milk.*

***10:30: 360 kcal, 15.3+ 0.9+0.3 grams of fat, 1.7+5.7+1.8 grams of protein, 5+29.4+9 grams of carbs**: 2 slices of whole wheat bread with half an avocado and red pepper.*

***12:30: 500 kcal, 1.1+4.5+ 0.2 grams of fat, 4.8+43.5+3.6 grams of protein, 49.7+0+ 7.3 grams of carbs**: brown rice, chicken breast 150 grams, pees or humus.*

***15:00: 200 kcal: 0+1.6 grams of fat, 0+ 3.9 grams of protein, 19.3+ 30 grams of carbs:** Popsicle and a cup of whole wheat bagels*

***17:00: 150 kcal: 0.2+0.5grams of fat ,0.1+ 1grams of protein, 9.9+ 21.5 grams of carbs**: an apple and a banana*

***19:30: 400 kcal, 12.1+14+2.5 grams of fat, 14.3+0+ 5.2 grams of protein, 1.2+0+0.7 grams of carbs**: 2 scrambled eggs, a salad with a tbsp. of olive oil, 2 tbsp. of cottage cheese.*

According to this example of Muriel's nutrition plan:

- *Total of 1760 kcal*

- *Total of grams 57.2 of fat*
- *Total of 91.6 grams of protein*
- *Total of 203 grams of carbs*

That's how we ensured that Muriel ate the right amount of calories each day along with an optimal amount of protein, fat and carbs that ideally come from mostly higher quality sources.

Once we constructed Muriel's nutrition plan, we just had to make it as suitable and as comfortable as possible, in order to help Muriel embrace that healthy life-style for good.

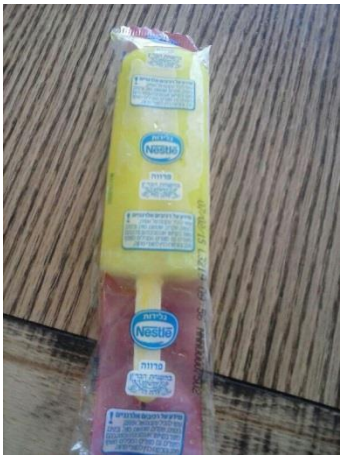
1. *Muriel LOVEs to eat; she enjoys good foods and appreciates it. A grant meal with friends at least once a weak is a must. In that order, when some foods are not all that tasty for her, she should not eat them. Muriel is a sweet tooth, she could eat a chocolate bar that was not all that fresh but eat it anyways "just cause it's there" as she said. No more.*
2. *Muriel owns a gas station which also sells foods. She is surrounded by temptations and endless fattening possibilities that got her into this weight problem in the first place.*
3. *Night snacks are welcomed for Muriel who occasionally finishes work late at night.*

In fact, snacking throughout the day is actually one of the best ways to avoid an expanding waistline. In a recent study from Alabama, researchers discovered that people who snacked four or more times a day took in fewer calories and had lower BMIs than those who did no snack at all. (Wroten, 2012). Consistent snacking helps maintain blood sugar level, curbs cravings and prevents the body from storing excess fat. The most effective snacks are high in protein and low in sugar. Two great options are nut and low fat dairy products. (Zinczenko, 2013).

Muriel's clever attitude basically consisted of the fact that she integrated all 3 points mentioned above in her nutrition plan. Had we decided to change her whole life-style Muriel's

health process probably wouldn't last that long and she would have soon gone back to being heavy, inactive, obese.

Muriel occasionally contacted me from work asking about calories in the spirit of "should I?"; "Is this ok to "munch" now?"; "Does this product contain less than 100 calories?"



Muriel sends me a picture and "gets permission" to, enjoy a 67 calories Popsicle

So we integrated her healthy nutrition plan with calorie deficit and got ourselves one happy 22 years old girl who 5 years later still enjoys her nice figure and her health.

Muriel began to lose weight in a very impressive rate. This is a fraction of her progress chart:

Day	Kg	Loss
Aug 31st 2008	88.7 1.62	R arm 39 Belly 101 R thigh 69
Sep 6th 2008	85.5	3.2☺ ☺
Sep 13th 2008	84.3	1.2 ☺ ☺
Sep 20th 2008	84.4	R 34.5 Belly 101
Sep 30th 2008	82.3	R. thigh 62 :
October 4th 2008	81.8	Belly 95
October 18th 2008	79.4	
November 2nd 2008	77.5	☺☺☺new t shirt size M
November 16th 2008	74.5	L 31 Thigh

		59 Belly 89
December 9th	71.7	R30 Thigh 59 Belly 90

When we hit 71 kilograms Muriel's weight was stuck. We have changed the math equation for calorie deficit, we have created changes in physical activity but nothing helped and Muriel stayed at that weight for over 6 months (!) until the weight began to move again and towards the right direction.

Studies show that resistance to further weight loss (plateau) is a substantial phenomenon in obese men subjected to a weight-reducing program. (Tremblay, 2009). These plateaus occur because it's a biological inevitability when we continue to constantly restrict calories. The less we eat the more and more our metabolism starts to slow down. It's a survival mechanism. The body thinks that food is becoming scarce so in an effort to survive it starts to use energy more efficiently (a fast metabolism burns through energy -calories- quickly, if it goes slower, we can live of less for longer). As a result of this our fat loss requires an even further caloric restriction. So we eat even less, prompting our body to slow its metabolism down yet again repeating the cycle. The Alpert theoretical paper (2005) suggests that there is a physiological limit to how fast we can burn or lose fat. If we try to force the body with huge deficits then beyond a certain point, the composition of the weight loss would shift to more lean body mass and less fat. This study supports the idea that the overweight and obese can safely use a larger deficit and lose more fat while the already lean who want to get leaner need to lose fat more slowly or they risk muscle loss.

Weight loss until resistance to further weight loss may be detrimental for some psychobiological variables including depression when prescribing a weight reduction program for obese individuals. (Chaput, 2007), However, Muriel stayed positive. In an interview she gave to the Israeli "Menta Health Magazine" back in September 2012 she was quoted: "I never set a definite target for myself: losing weight for a certain event at a certain time. I chose to address the whole process as a way of life. So when I hit plateaus it was ok, a part of

the deal" so that for Muriel, psychologically wise the weight is not the goal. Going on the right way - is.

1. *Muriel embraced the thought that this is her new life-style, that this is the right path for her, that she enjoys her life as it is.*
2. *Muriel learned the lesson of patience. Losing weight should be a process, a long one, a way of life. Muriel was "forces" to accept that this is her new way, for life.*
3. *In Hebrew the word "wait" is also interpreted as "the gift". In English -the present is a "present". Muriel was obliged to accept the present for the way it is; a real present.*

One of the most unwise dieting tricks ever, is the idea of distracting yourself to keep from eating: "think about other things, anything that will get your mind off food. According to Dutch research thinking about snacks and meals can actually help you stay lean. The study found that when asked questions like "what will you do if you get hungry 2 hours before your next meal?" thinner participants were better able to give healthy responses like "eat a handful of nuts". (Glanz, 1997). Taking a proactive approach to your diet by thinking ahead will help you stay thin. (Zinczenko, 2013).

Liana, an ho so sweat yet heavy weighted 4 years old girl, was obliged to engage to physical activity in order to lose weight. Now at the age of 6 Liana is much stronger. She recently confided to me that "exercise is fun" (that was a huge WOW moment) yet that same exciting notion was followed by a genuine request for some jus and snacks. Other clients who visit the studio at the following hour are almost always amazed to see a sweaty sweat girl holding a bag of potato cheeps or a chocolate bar (she has brought to our session). "Something is wrong with that picture" they say with a kind grin. Liana is "attached" to that bag of cheeps or that chocolate bar, does not necessarily eat them yet receives some comfort just from holding it, or it may give her a sense of control.

Her parents are very much involved. They fully understood that changes must be done at home and that grocery shopping would not be the same. What have changed?

1. *Indeed, they still buy potato cheeps and chocolate bars, but not as much. Some snacks are not entering the house: cookies, certain salty snacks for example are out of the*

equation. Pop-corn, Bamba (Israeli peanut snack) and small plain 67 calories chocolate bars. That's it.

2. *Portions became so much smaller. Liana's mom sets food in smaller plates to make the portion on the plate look bigger. Liana can't give up on hot-dogs so instead of eating 4 of them as usual her mom takes two hot-dogs and makes a slice along the hot-dog, placing 4 halves on the plate looking like 4 whole hot-dogs. Half the calories, half the sodium.*
3. *Disposable cups usually made for soft drinks serve as a holder and measurements for snacks and cornflakes. For example for an afternoon snack Liana would take a disposable cup and fill it with 30 grams of cheerios.*
4. *Limitations and new rules at home: two chocolate bar and one disposable cup for snacks (popcorn or potato cheeps) a day. No French fries on restaurants and no saturated foo, if possible (Hot dong form time to time). Key word at home is "health", for everybody.*
5. *Eating slowly: maybe one of the most important things Liana engaged herself to since embracing the Gymind™ process. Eating slowly. Chewing food properly. Enjoying every bite in the moth and helping digestion take its course from the beginning point making a perfect use of saliva enzymes. Using the Erikson personifications and Metaphor (Rosen, 1991) as a path to Liana's subconscious mind ("the food in your mouth is your best friend playing with you, wishing to stay with you for as much as it could, tickling you, holding you. Let it be there for as long as it needs to) Liana's chewing and swallowing behavior changed dramatically.*
6. *At some point throughout the process, and maybe the break through moment was when Liana's 2 bothers joined the Gymind™ process. Math and Dan (15, 11) who both had been gaining 10 extra kilograms and needed to lose weight play a significant role in Liana's life as two older brothers to admire and worship. Liana spends long hours in the after-noon with Math and Dan who had been experiencing some difficulties in saying "no" to chocolate, candies and unhealthy drinks when Liana asks for them, prior to them engaging to the process. Now, once they fully understand the importance of eating smart and exercising they feel stronger to set limits and direct Liana to make the right choices.*

Liana is a "veggie hater". She will not eat broccoli, carrots not apples or grapes. Although we know not to force her to consume them, nor to create an inner automatic change, we do want her

parents to expose to her, offer her and set a role model of a family who eats healthy nutrients. So that when she grows older her attitude might change.

In any case, hiding vegetables inside dishes, such as mashed carrots hidden in meat balls or shopped broccoli hidden in the Bolognese sauce, is a decent choice as long as you don't lie about it. A study published in the *Journal of Nutrition Education and Behavior* found that kids will happily eat baked goods that contain vegetables, even when they know there are veggies in the dough. In the study, researchers served zucchini chocolate-chip bread, broccoli gingerbread spice cake, and chickpea chocolate-chip cookies to groups of schoolchildren. Kids liked the zucchini and broccoli treats, and only vetoed the chickpea cookies because they were unfamiliar with chickpeas (Pope, 2012)

Liana's mom learned some new nutritious recipes that contain vegetables and other healthy nutrients such as quinoa (mixed with white rice to ease adjustment) and humus beans in a shepherd pie, only to tell Liana that those healthy ingredients are there.

Oliver's eating habits have tremendously changed since he began the Gymind™ process. Indeed, he had always enjoyed healthy foods thanks to his mother's awareness, but he still ate a lot, more than he needed and he himself lacked the awareness and the responsibility of his body that a 12 years old boy should hold. Luckily for him, Oliver drinks only water and he is not much of a sweet tooth, so it was easy for him to give up on sweets.

Oliver's daily nutrition plan:

Morning	A sandwich (two slices of bread, two tbsp. of white cheese or avocado or tahini sauce)
10:00	an apple or a banana or another nutritious sandwich
Lunch	A health portion of protein such as fish or chicken, a portion of nutritious carbs such as 6 tbsp. of brown rice or whole wheat pasta, vegetables

16:00	A cup of cottage cheese or a yogurt
Dinner	Vegetables, an egg, a piece of healthy pie.

(Brand-Miller, 2005)

At the age of 12 and armed with a history of dietary process that did not yield much success at weight loss, Tom was very much aware of what she needed to eat and when. Smaller portions, healthier nutritious choices, less candies, less chocolate bars and much more physical activity were all on the menu to bust up her metabolism. However, we did have to make some surprising adjustments along the way, since something seemed to be stuck. It was not the infamous plateau we had discussed earlier in this study, since Tom never really lost a lot of weight. For months and months she grew stronger, fitter, felt better, without losing any weight. Indeed, the muscles she earned as a result of rope jumping, bicycle riding, pedometer tracking contributed mass to her body, but still, we sensed that a fine tuning of her nutrition was very much needed.

We talked about how important whole grains were for her good health, (Katcher, 2008), yet we decided to give up on them, especially wheat (may it be whole or emptied) for a while. Just like celiac patients, we wanted to check at what extant Tom is in good terms with wheat products. Results did not late to come, and on weeks when she did not touch gluten Tom's weight moved to the right direction. Celiac blood test showed no sensitivities to gluten yet our small "gluten-free trial" showed that Tom's body is better off without it. Gluten sensitivity has been best recognized and understood in the context of two conditions: celiac disease and wheat allergy. However, according to a study from the Department of Gastroenterology in Oslo, some individuals complain of symptoms in response to ingestion of "gluten," without histologic or serologic evidence of celiac disease or wheat allergy. The term non-celiac gluten sensitivity has been suggested for this condition, although a role for gluten proteins as the sole trigger of the associated symptoms remains to be established. (Lundin, 2012). Future research is needed to generate more knowledge regarding non-celiac gluten sensitivity, a

condition that has global acceptance but has only a few certainties and many unresolved issues. (Volta, 2013)

Tom is eating a whole wheat bread every now and then, but she mostly replaces pasta with rice, bread with rice crackers and energy bar made of granola with a chocolate bar or a popsicle. At a very young age take responsibility over her body, being very much aware of her nutritional choices.

The first thing Michael Stevenson, founder of "Transform Destiny" taught in his seminar was that our duty as therapists was to show people they should always be on the side of the C and as far as possible from the side of the E. C equals Cause and E equals Effect. We should be "at cause", Be Cause it all begins with us. Without blaming the Effect, the consequences, Others. "The floor is crooked that's why I cannot dance" or "the cake was there I had to eat it" means being at the E side of the equation. Whereas "I need to improve my dance skills" of "I will take only this small piece of cake" means placing ourselves as closer as we can to the C side of the equation.

"Where are you located?" This may be the first question I present to my clients.

C < E

As children we hold egocentric thought that predominates during this period of cognitive development, (Dworkin, 1988) thinking that "we are the world" and that everything revolves and evolves around us. As babies we cover our eyes with our hands thinking nobody can see us, since we cannot see anything: "where am I ? Pick a boo"… We are basically egocentric human beings. However when we grow up society teaches us to consider others: "give the bigger piece of cake to your friend". The implicit, or what the subconscious mind instantly understands by that, would be "he matters more than you". And for giving up on our egocentric behavior - we get rewarded: "very nice, you are a good friend and a polite host". Mixed signals? Oh yes. On one hand "we are the world", on the other "there is another world out there to consider, it may matter more than mine". And we might lose in time that connection to the inner voice, to that inner world, to that egocentric kid that got deprived over time from himself. In the previous chapter we discussed our need to go back to breathing right, through our belly, just like we used to as babies; or enjoying physical activities just like

we used to enjoy it as care-free, active and joyful kids. The C can also stand for "Child" and the E for "Everybody Else". Or C for "Choices" I Can Carry as opposed to E of "Everything Else". By pooling us back to the "C" side, Stevenson's intentions (2007) are to bring us back to those endless opportunities we are born with and may have naturally lost or forgot about along the way. To bring us back to "cause" without losing this connection to the outer world or better yet, make this a better connection, an improved one. Summon abundance, positivity in life and good mental and physical health.

We remember Irene who at the age of 37 after giving birth to her third child, was diagnosed with Lupus. For the first several weeks Irene stayed in bad: weak, feeble, dysfunctional. She used to wake up with stiffed joints, mainly in her hands (a known symptom in Lupus syndrome) which made it even harder to perform her every-day chores as a wife and a mother. But most of all – her spirit was broken. Irene had two choices: stay in bad all day feeling sorry for herself (with every justification to do so) or do something. When the system of support around her that consisted of her husband and her mother gently urged her to DO something to improve her situation, Irene decided to fight Lupus back. She decided to take charge, be at cause. Years after that decision (which also made her come for Gymind™ sessions) she will have confided to me that an enlightening thought went through her mind one morning, while she rinsed and massaged her stiffed fingers under the worm relaxing tap water. She thought that she still own the same body. The body that gave birth three times, that enabled her to exist in good condition for 37 years. It's that same body that "summoned" Lupus into it for some reason. So it's that body that can fight it back and make it disappear.

Barak took charge and got back into running in order to regain control over his life. He also had to make a decision about his spouse: should he stay in that marriage or not. We remember how Barak felt his love life went down the hill without him having any control of it. Our main goal in his Gymind™ process was to make Barak focus on himself, not to point a blaming finger on his wife, or anyone else for that matter. Focus on what he can control, on what he can take charge of: his body, his career, his thoughts, his sets of belief and his drams.

It was when I was in my early 20s that my mother took me to some of those "awareness" long lasting seminars. For almost a year, twice a week for an hour and a half, I was drowned into fascinating lectures about "New thinking" and "recreating your reality", long before we heard about "the Secret" by Rhonda Byrne (2006), and long before Robin Sharma excited millions

of readers with "The monk who sold his Ferrari" (1999). That maybe was the first time I encountered the ability to take charge over things you cannot really touch, or your thought you could not control: your mind. I remember specifically that brilliant metaphor that the professor presented for us:

> "Let's say you have a spot of dirt on your nose. Either I tell you that you have it, or you go to look in the mirror and you spot it. What do you do? Let's say you take a napkin and start wiping off the dirt from the mirror. Since the dirt is spotted there. So you wipe it off and you wipe it off really hard. Then what happens? You are getting tired, the muscles in your arms begin to cramp, you may get angry and frustrated because nothing helps – the dirt won't wipe off of the mirror. You then decide to take the napkin and easily and gently pass it on your face, right where the dirt was spotted in the mirror. What happens now? When you now look in the mirror –the dirt is gone".

The world is a mirror for us. It's a wonderful tool to help us spot all those small irritating dirty spots we carry inside. Instead of blaming the outer world, pointing on what goes wrong there, (which may cause us frustrations, muscle cramps and anger), we simply take charge of our own cleaning, even thanking the world for pointing it for us. Seizing to blame "the world" and placing the focus on the self is the key element for attaining your goal according to Gymind^{TM}. It's only after we take care of our personal alteration and growth, that we can see changes in "the world". Certainly, the outer world can help us (maybe always helps us through reciprocity, communication and relationships) to spot those flaws.

So Life and 'Mind' are Systemic Processes. The processes that take place within a human being and between human beings and their environment are systemic. Our bodies, our societies, and our universe form an ecology of complex systems and sub-systems all of which interact with and mutually influence each other. It is not possible to completely isolate any part of the system from the rest of the system. Such systems are based on certain 'self-organizing' principles and naturally seek optimal states of balance or homeostasis. (Dilts, 2011)

Irene took charge over her body: she began to exercise, hence strengthened her muscles and improved her cardio-vascular abilities. She felt better after a good cardio work-out thanks to endorphins and adrenalin she produced in her brain. Researchers at the University of Dublin in Ireland conducted a study on the cognitive effects of exercise, stating that exercise elevates levels of brain neurotrophic factor; proteins that have been the subject

of many recent studies and are now known to promote the growth of healthy nerve and muscle cells, respectively. The emotional component is undeniable as for how much exercise helped Irene with her bed moods and depression (Clark, 2011). Irene chose her nutrition better, by reading labels and making better choices on each meal she cooked for her and her family. But far more than that, Irene started to speak differently and think differently. She shifted the point of view of her mind from being the Victim ("I am the target of Lupus"), from being deprived of her happiness ("I feel so bad because I am a dysfunctional mom") to being her own savior. And she gained so much out of it, not just her health. When she first came to me – her marriage was in jeopardy, she hated the "world" for putting her in misery and she saw everything in "black or white": "I am either sick or healthy, either happy or sad, either my husband supports me or he does not". Gymind™ method in general and NLP in particular had a lot to do with her recovery. From the victim she became the rescuer, from a martyr she transformed into a redeemer (and started to help her friends in need, spreading love and happiness around her); Irene gradually transformed into this happy positive person and began to see the world as a place of endless opportunities and multiple colors. She found balance and stability in her life.

Belle stepped on the scale and did not like what she saw: "74.5? How is it possible?" She complained. "I did everything right this week only to see I gained 200 grams?" Belle was not expecting her period (which may make her somewhat bloated) and she was more active this week. "Tell me what you ate today, yesterday and the day before" I said. Something must have been different. After a long contemplation Belle suddenly remembered: Saturday night, at home, without even noticing, automatically I would say, Leroy and I ate salty roasted nuts, half a kilo. WOW. That's amazing. I don't think I was even aware of that".

That automatic behavior represents the fact the "someone else is riding the bus" as Bandler (1979) stated; the subconscious mine is in action, overshadowing the conscious "lucid judgment". We act upon something without thinking, without giving it much notice. And we pay a price.

"I now understand this whole thing about the automatic behavior" Simon[6] called me one day, enthusiast. I was just in "Safe-Way"[7], doing my grocery shopping as usual, when I realized I was eating a bag of chips I just took from the shelf. I stopped immediately but it was definitely an automatic behavior of mine"

An alternative view is that eating is an automatic behavior over which the environment has more control than do individuals. Automatic behaviors are those that occur without awareness, are initiated without intention, tend to continue without control, and operate efficiently or with little effort. The concept that eating is an automatic behavior is supported by studies that demonstrate the impact of the environmental context and food presentation on eating. (Cohen, 2008). The amount of food eaten is strongly influenced by factors such as portion size, food visibility and the ease of obtaining food. Moreover, people are often unaware of the amount of food they have eaten or of the environmental influences on their eating. A revised view of eating as an automatic behavior, as opposed to one that humans can self-regulate, has profound implications for our response to the obesity epidemic, suggesting that the focus should be less on nutrition education and more on shaping the food environment.

It's as if we possess an "inner elevator", and moving the elevator up and down can create a behavior. When the voice of reason calms down a certain emotion or takes charge over a profound deep habit, then our elevator moves DOWN to convey a message and make us act upon it. It moves UP when a certain habit or Automat takes control. The more we are aware of that dialogue between UP and DOWN, the more we listen to our body, the more we are at ease with ourselves: less surprises, more in control.

"3 minutes. I said once in a seminar. That's the difference between a fat person and a thin person". How come? In 3 minutes we can automatically eat thousands of calories (a doughnut of 500 kcal, a slice of pizza that values 450 kcal, a chocolate bar of 500 kcal) no more than 3 minutes, that's how long it takes. But if we stop for a second and convert those 3 minutes with

[6] Simon, 22 years old, went through the Gymind™ Process in California. Simon's goal was to lose the weight in order to wear the perfect wedding dress. From size 14 she became a size 8.
[7] Supermarket in California

an inner dialogue: Am I hungry? What do I really need to eat now? That makes all the difference. We would probably not continue on eating those thousands of calories.

Can the automat be changed? We would start with a straight answer: oh yes. We can change the inner compass we own since childhood that we might have forgotten all about.

Just like with breathing: look at a baby's breath. His stomach goes up and down, his pulse is higher than that of a grown up yet he manages to breathe deep into his belly. In time our breath gets more flat: into the lungs then through our nose then we sometimes "forget to breathe". A constant reminder and proper practice would help us go back to our roots as "great breathers". This baby who takes "automatic deep breath" is asking for food only when he feels the need to eat. And when he's done he does not eat more than he should. Somewhere along the road, distracted by so many elements: his mom trying to feed him "because there are hungry children in Somalia"; by portion sizes that are big enough; by food visibility that calls you "eat me"; by the ease of obtaining food; by social eating; by emotional eating. It's that comforting large piece of chocolate cake that automatically and subconsciously brings you back to your birthday parties and those happy times and eases the pain. Can we change that? Can we go back to our natural clear pure needs?

Several ways were found to be mostly effective, and they have everything to do with dialoging with the subconscious. Neuro-linguistic programming techniques of shifting perceptual position, visual-kinesthetic dissociation, timelines, and change-history, all based on experiential cognitive processing of remembered events that leads to an increased awareness of behavioral contingencies and a more sensitive recognition of environmental cues which could serve to lower trait anxiety and increase the sense of internal control. (Kunefal, 1992). Unless you rewire the program, you'll revert right back to where you were before. Using will power and persistence will not work. This is where neuroplasticity really works well. We have to take the old brain, the old thermostat, and rewire it. We have to reset our thermostat before we can start seeing and behaving differently.

When Aida decided more than two years ago to become a runner despite her sad experiences as a 19 years old woman nothing was standing in her way. Her mental willpower was so strong that her body followed almost instantly and helped her become the runner she always wished to be. However, when Aida confided in me about her fear of flights and how this fear disables her for so many years to join her family on those annually family vacations,

or when she did finally get on the plain it was not without a narcotic assistance, we decided to release that fear. One of the tools we decided to work with was of course Time Line Therapy. We had an obvious root cause for that fear. The traumatic event at the age of 19 years old took its mental toll on Aida and we could not avoid the fact that she had never really received any mental support during or after surgeries, nor years after. Aida's loving parents wished to deliver a strong message that "everything is OK", a wonderful healthy attitude that helped Aida a lot and strengthened her spirit, yet the events were too traumatic to treat with positive affirmations or repressions.

Just go ahead and get in touch with your time line now. Float above your timeline and turn around and face the past. And go ahead and float back into the past to the point where you can see the event from the side, the traumatic fall you experienced, right before it happened, to position number 1. And when you get there, just notice the event and give me a nod.

Aida: I see myself after the first surgery, standing in my room next to my closet, trying to pick up an outfit to wear. It's only minutes before the fall, before I break my thigh and before those two other excruciating surgeries.

Go down into the event and stand in front of that 19 years old girl. Look at her, wait for her to look at you. This 45 years old strong and capable runner is standing face to face with the 19 years old version of her. You want to help. What do you say to her?

Aida is having some difficulties to talk. She is too emotional. "I am holding her" she says. "I tell her it's ok to be afraid. It's ok to fall down. That she can do it. I give her strength. I give her love and energy. I give her everything I feel when I am running and everything I experience after a good run. She is listening and smiling. She does not really understand but she listens and smiles. I give her confidence; strength; power; stamina; endurance.

We could not change the course of events. Aida did fall down and broke her thigh. But when the 45 years old looked at the event now over her timeline it was not traumatic at all. It was an event, empty of fear, vacant of terrible emotions. The situation might be terrifying, but Aida did not sense that any longer. She floated all the way back "free as a bird" as she confessed. The next flight she took several weeks later made her as proud as the first time she accomplished a 2 km run without a single stop.

We have met courageous Irene and her fight for Lupus, the fact that she refuses to ingest any medications yet through fitness and smart nutrition has reduced pains and discomforts resulting from her condition by 90 percent as she admits. Her mental and spiritual growth is

admirable. Right before our eyes, from one training session to the other, Irene has evolved and blossomed. Irene has taken control over her body, the words she was using, her nutrition, her life and became a changed woman. Time Line Therapy also played a significant role in her recovery. It gave her new perspective, it taught her subconscious new learnings to the extent that Irene once wrote to me: "I look at people in the street. Walking by, in a hurry, rushing from one place to another, not realizing how deep everything really is, how powerful their mind is and how small use they make with it. This brain of mine is such a powerful tool I wish to use more and more". On January 17th 2011 two weeks into our work, Irene floated over her timeline (back in the past, future in the front) back to the traumatic event that triggered Lupus, the birth of her third child. She observed from above and saw that helpless, hopeless, sick women, that was just lying there hating the world. Irene received several understandings and learnings. Her subconscious provided her with *love*, *happiness*, *power*, *life*, and the colors *white* and *blue* she chose to fill her heart and her throat with. It was on that session that Irene realized she behaved just like her mother does: always the victim. She realized how much her body misses a tender motherly touch and had been missing that all those years growing up as a kid; that she subconsciously may constantly blame her mother for the lack of it which causes so much tension between them.; tension that does not help her with the process of healing.

Irene and I talked about a television interview with one of the best Israeli comedians Adir Miller. He was interviewed by the famous psychiatrists Yoram Yovel who asked him about the relationship with his parents. This story served as a wonderful metaphor a la Milton Erikson in order to help Irene's health. Miller compared his parent's love to a test in history at school. "When you answer correctly yet write down more than you were asked for, your history teacher marks "X" on those extra parts but won't reduce you mark. Whereas when your answer is lacking or incomplete you get a low grade for that. My parents gave me too much love and attention, some of it exceeded the level of need, so I knew to mark "X" yet always felt complete and loved. I know how some kids don't receive that, just like a failing grade in a history test, and they spend all their life for recognition and love out there". This is how Irene felt about her parents, especially her mother.

Irene has experienced many timeline sessions over the years we have been working together. She floated over her timeline back to past life, realizing how strong and meaningful the relationship with her husband really is. She has found tenderness in her life, learned to

embrace relationship with other women whose role as "replaced mom" was now accepted and understood. Irene received the key for happiness and has been opening doors with it ever since. Mentally and emotionally Irene is on the right path. According to Korsybski in his book *Science and Sanity*, (1995) all emotions require time to express themselves. This important contribution to timeline techniques was brought by Leslie-Cameron Bandler and illustrated in the book *Emotional Hostage* in 1986. Switching the perspective on the timeline reframes the emotion into nonexistence. Once the reframe occurs, the emotion loses its context and disappears. In addition to that, according to the book *A course in Miracles*, (1996), there is only one true emotion – that of love. All negative emotions are simple an illusion derived from fear. Switching the temporal perspective shows the negative emotion to be an illusion, and it disappears.

Tamara, 20 years old, contacted me almost 10 years ago when she seemed anxious and depressed. She was on a rollercoaster of self-punishment and failure. Tamara hated everything about herself (even though she was and still is one of the most beautiful girls I have ever encountered with). She felt powerless to change. We had to treat not only the symptoms (overeating, lack of motivation to exercise), but also the underlying cause. "What do you want?" I asked her, and Tamara gave me the answer every single one of the many following clients I would have had the privilege to work with would give me: "To be happy". "What exactly is happiness to you? How do you think you will feel when you are happy, and what do you need to be, do or have in order to feel these feelings?" I asked. Tamara was sure that her overeating was directly related to her body image. She was quite capable of "being good" on those days when she felt pretty, or when she was able to control her nutrition. But the moment something went wrong, she would head straight to the fridge for a 'therapy' session with Baskin and Robbins.

Tamara had a history of Anorexia. Back when she was admitted to a therapy center she weighed 42 kilograms on 1.65. So foods issues and body image were related from childhood, from as long as she could remember. Low self-esteem during adolescence predicts negative real-world consequences during adulthood. (Trzesniewski, 2006)"Do you think you will feel better about yourself if you lose weight?" I asked. "This is highly unlikely unless you work on yourself from the inside. Nobody can give you approval except you. And that won't happen

just because you drop a few kilos. Assuming you do finally get down to your goal weight, if you have low self-esteem you will almost surely find something else about yourself to dislike".

Body Image is the picture that we have of what we look like in our heads. (Varnado-Sullivan, 2004). Our physical health including our weight is by and large connected to the state of our emotions. Overweight and obesity are known to have a significant impact on psychological wellbeing developing a negative self-image and experiencing low self-esteem. (Davison, 2001). Women who have a body image disturbance have a non-acceptance of their body size that often generalizes to their self-concept. (Stewart, 2004). Women who accept their bodies the way they are seem to be more likely to follow principles of healthy eating. (Tylk, 2011). (Strauss, 2000) When we feel good in our mind this will translate to feeling good in our body, and vice versa. Success in every area of our life depends on how we see ourselves. When we truly believe in ourselves, we feel calmer, more centered and more focused. Our metabolism starts working properly, our brain chemistry balances out and we don't need to reach for food to stuff down our emotions. In order to lose weight and keep it off, investing time in the pursuit of high self-esteem is in order. Reading. Studding. Meditating. Making a commitment to watch what we say to ourselves and about ourselves is so important. The words we use are so powerful, (Austin, 1962) so we must refuse to engage in negative self-talk, and we should never give up on our body and mind.

Women's typical reason for changing their diet is dissatisfaction with their bodies. The message that women often hear is that some degree of body dissatisfaction is healthy because it could help them strive to take care of their bodies. But it may be just the opposite: an appreciation of your body is needed to really adopt better eating habits. (Tylk, 2011) A study from the Department of Psychology, Ohio State University found that women who reported they were intuitive eaters also reported higher levels of appreciation for their own body. They were more likely to agree with statements like "Despite its flaws, I accept my body for what it is". They were less likely to spend a lot of time thinking about how their body appears to others, and more time considering how their body feels and functions. (Augustus-Horvath, 2011).

Anorexia nervosa is an eating disorder characterized by immoderate food restriction and irrational fear of gaining weight, as well as a distorted body self-perception. It typically

involves excessive weight loss (Hockenbury, 2008). Because of the fear of gaining weight, people with this disorder restrict the amount of food they consume. This restriction of food intake causes metabolic and hormonal disorders (Nogal, 2008**).** Anorexia nervosa is characterized by low body weight, inappropriate eating habits, obsession with having a thin figure, and the fear of gaining weight. It is often coupled with a distorted self-image, which alters how the affected individual evaluates and thinks about her or his body, food and eating (Rosen, 1995). The average caloric intake of a person with anorexia nervosa is 600–800 calories per day, (Tamara ate even less than that), and extreme cases of complete self-starvation are known. It is a serious mental illness with a high incidence of comorbidity and similarly high mortality rates to serious psychiatric disorders (Attia, 2010). Eating disorders in general and anorexia nervosa in particular have the highest mortality rate of any psychiatric disorder. Eating disorders are the result of complex interplay of socio-cultural, familial, individual and biological factors (Mizes, 2001).

Body image disturbances are central to anorexia nervosa. At Utrecht University researchers found that at patients with Anorexia nervosa high levels of body dissatisfaction were related to more severe inaccuracies in the visual mental image of the body, and overestimation of tactile distances. The results imply that body image disturbances not only affect visual mental imagery, but also extend to disturbances in somatosensory aspects of body image (Keizer, 2011).

Dr. Phil, the most famous psychologist in America, conducted a series of television episode about anorexia; he aimed to make the problem more visual to the viewers who could not understand what went inside a patient's mind. He called for seven women to stand in a straight line, from the thinnest to the heaviest of all seven. He then asked the anorectic skeletal women to go and stand near the women she thought share the same dimensions that she did. To the public's astonishment, she took her place nest to the almost fattest lady in the group.

Tamara's self-image and "inner picture" was similarly distorted during her "teen" years. Her parents sent her to heal from Anorexia in Shahaf medical care for eating disorders placed at the time in Kibbutz Naan in Israel. **Shahaf** is an organization whose primary mission is to eliminate eating disorders (Anorexia, Bulimia) in its community. **It** provides treatment and prevention programs, an information and support center, and is committed to the advancement of research in this field. The treatment team includes Psychiatrist, Clinical psychologists,

Family therapists, Clinical dietitians, Art therapists and Drama therapist. The narrative approach focuses on separating the person and the problem, through the use of externalizing language. Treatment emphasizes a change in the patient's beliefs about their life, identity, and relationships. Different actions accrue when patients experience different relationships and perceive themselves as having new options. Eating disorders do not represent a person's bad intentions nor are they a manifestation of the pathological self. They are assumed to be the product of a disease that takes over a person's life and relationships. The approach focuses on recognizing the dominance of the disease and creating a coalition with the patient to fight it. One of the treatments techniques Tamara encountered there was indeed the mirror exposure in order to enable perspective and distance from the self. The goal of mirror exposure is one of decreasing judgment, neutralization and acceptance not necessarily of positive evaluation of the body. (Stewart, 2004). The team has helped many victims in their struggle to separate from their eating disorders, Tamara was one of them. *The treatment at Shahaf enabled her to cope with her disorders within the community, and eventually heal completely.*

I met Tamara 6 years after her full recovery, back in California, almost 10 years ago. Physically Tamara was perfectly healthy. Weight wise, she was overweight (86 kilograms on a 1.65 height) and her body image – though she was 6 have gone by and fully recovered from anorexia – she still felt that her happiness depended on her being thin. She did not like her body and wished it was thinner. Tamara kept old picture of her weighting 58 kilogram and this was her goal: healthy beautiful thin girl, just like that girl in that picture.

Tamar's weight loss was a huge challenge. Her body, after experiencing month over months of fasting was exhausted even though six years had passed. This was well reflected on the scale week after week. The paste of her weight-loss was so slow that Tamara was often on the verge of giving up. She did not. We trained three times a week, "according to the book": Aerobic sessions, anaerobic sessions, Intervals, Cycle training and so forth. But the real challenge was the food. We needed Tamara to enjoy her meals. We needed her to avoid "starvation" and to fill her body with love on every bite she took. A healthy nutrition was in order, but there was room for a "fun dish" every week, of additional 600 calories over which Tamara would fantasize. The "fun dish" was important psychology wise: Delayed gratifications, an Award for her hard work, Awareness and preplanning; but also physiology

wise: an extra "unhealthy" extra 600 calories helped Tamara's body to avoid the famous Plateau and to "awaken" her body from this "Metabolic Blackout".

Eventually Tamara's weight loss was very slow but Tamara enjoyed the road. And that's what mattered the most.

Exercising, eating right and thinking right is the only way for Tamara's long lasting success. Repetitive affirmations such as "I want to lose weight", "I want to be thin", "I want to be healthy" might be similar to that Sisyphean spin of the wheel. First of all, your subconscious mind holds the "wanting" and constantly stays unsatisfied. Second of all, the work is superficial, linguistic and flat. Still, if we rephrase the affirmation and get rid of the "wanting" focusing on the "having" – that sets the mind in the right direction, and help us get in touch with our goal. Tamara gave up her "wanting to be thin" and began to "see" herself as a thin young lady: "Feel how you feel once you are there, have that picture in your mind and live that moment. That moment when your favorite pair of jeans finally fits. Hear yourself been complimented for your new figure".

The possibility of using the mind to free the self from ignorance, negativity and delusion is the key to the development of compassion toward all things, including the Self (Das, 1997). Mindfulness meditation, such as the 21 technique, seeks to enhance active engagement of the mind in the present moment, acknowledging experience. (Stewart, 2004).

Body Image is the picture that we have of what we look like in our heads. A body image ideal is how we wished we looked. (Varnado-Sullivan, 2004).

When she suffered from anorexia nervosa, Tamara's picture in her head was very different with the one that the mirror actually reflected to her. In her mind she looked like she sweated over 80 kilograms when in fact her weight dropped to 42 kg when admitted at Shafaf. The amazing thing was that when Tamara was cured – her weight went up, to more than 80 kg, to the same picture she had always had in her head!

A daily practice for at least 21 days of this imagination script a la NLP will help make an adjustment between to inner picture and the one reflected in the mirror. This visualization technique may eventually improve self-esteem and recreate a better and more "balanced" self-image. The prime message is: the responsibility of the shift is ours; it is "imaginable" (in the

sense of possible). This is one of the ways to program our mind to see us in a positive way and make us feel lobed, wanted and complete. We thus form a "gestalt" of control. A "model" or a "structure" of "control" in to which we can melt down positive behaviors and improved ways of thinking. Good thoughts instead of destructive thoughts.

1. *Stand up, reach out one hand in front of your body, palm facing up. Close your eyes and take three deep breaths. Imagine negativity, insecurity, doubts that are in your body flowing out of it and into your palm. Take it all out, don't leave anything inside. How does your palm feel like? What color does it have now?*
2. *Shake your hand or wash it with water.*
3. *Go back to standing up, closing your eyes taking three deep breaths. Imagine a loved one (your mother, your daughter, your brother) standing in front of you, looking at you with admiration and love. Take all that love and admiration and fill it inside those parts in your body that are empty of negativity, insecurity, doubts. There is now love there, instead. What color does it have now?*
4. *Open your eyes to a "break state"*
5. *Close your eyes and take three deep breaths. Imagine yourself standing one step ahead of you. See yourself "painted" with the colors of that love and admiration you absorbed from your loved one. Look at yourself: how enlightened you look, secured, happy. Take one step forward into the "new you" and "lock" yourself inside.*

The belief that "anything is possible" forms the foundation of the Gymind™ method, as a nurturing and enabling a healthy way of life. Certainly, we are born with a specific DNA. According to Agus,(2012), who claim to speak on behalf of conventional medicine, DNA is "given" to us by our parents and we have no choice. In this regard DNA is practically accidental. Just as accidents happen so does DNA "without our having much say in the matter". We hold a certain appearance, whether we resemble our father or our mother; our brain is shaped in a certain way; we hold a very rich and profound set of beliefs and thoughts; we are unique, each and every one of us, defer from one another and should be proud of that. Our life experience plays a vital role in shaping who we are now, and whom we would grow

up to be in the future. This study calls us to belief that we can change our own experience, and that we can learn how to do it. But most of all it means that we get some control over what happens in our brain. Most people are prisoners of their own brains. (Bandler, 1985). It's as if they are chained to the last seat of the bus and someone else is driving. You should drive your own bus. If you don't give your brain a little direction, either it will just run randomly on its own, or other people will find ways to run it for you—and they may not always have your best interests in mind. We are living in a golden age of brain research. New breakthroughs emerge constantly, revealing the astonishing power of the brain to heal, create, and evolve. Aging is associated with progressive losses in function across multiple systems, including sensation, cognition, memory, motor control, and affect. The traditional view has been that functional decline in aging is unavoidable because it is a direct consequence of brain machinery wearing down over time. In recent years, an alternative perspective has emerged. (Mahncke, 2006) Where scientists once believed that the brain's hardwiring couldn't be changed, we now know that the brain is constantly evolving, and our ability to rewire our brains remains intact from birth to the end of life. Researchers have also dispelled the myth that aging in the brain and memory loss are inevitable and irreversible. No matter how old we are, our brain is incredibly resilient and has the capacity to create new neural pathways if we choose to keep learning and opening ourselves to new experiences. (Chopra, 2012). This is this study's basic assumption and axiomatic point of view: our brain can evolve and change, new cells are born; new neurological paths are made, cemented into the existing neural networks if they are challenged by a novel learning experience, by novel sets of behaviors. And we have the control and maybe even the *responsibility* to make our brain, hence our body, react and develop. Tanzi and Chopra in their "Super Brain" book (2012) make a distinction between what they call the "baseline brain" and the super brain. The baseline brain is the everyday brain that runs unconsciously in the background to keep us alive and healthy. That’s not a minor role; the baseline brain is a marvel of complexity and efficiency. But too much of it is devoted to habits, old conditioning, and unconscious reflexes. They believe, and so does this study, that the brain is designed to deliver much more. Through practices and techniques of self-awareness and conscious choice making, we can transform our baseline brain into a super brain. (Tanzi, 2012). And it's up to us to decide, whether we are active or passive. Whether we continue to follow old habits and conditioning or create new and improved ones. We are not our brain. We are the user of our brain. Our brain looks to us for

instructions, guidance, and inspiration. Let us charge and recharge it with goodness and positivity in order to feel good a positive – all over our body.

Both Belle and Leroy thrive to maintain a healthy life style, despite or thanks to Belle's heart condition and the operation she went under as an infant. They both try to lose weight. Leroy have shed 10 kilograms, Belle 5 already but since they embrace Gymind™ as a way of life, weight matter less, it's the road they take that matters most. One of our many sessions we have had over the years dealt with Belle's strong image of her father, pointing a finger at her telling her "Belle, you have eaten enough, put your fork down". This image won't leave her sight and apparently it's a huge hurdle each time she takes a bite: have I had enough? Should I put my fork down? Even though she is no longer 5 years old, even though her dad is nowhere near her - memories still live in her mind, inseparable of her experience regarding food and eating habits.

We had to "release" Belle from that image stored way deep in her mind and her body.

1. *Dissociation. Belle is looking at that kid, dissociated.*
2. *She now observes the submodalities:*
   - *The image of the kid and the kid's dad: This image – is it bright, or dim? Colored or black and white? How much color? Is it big or small? Is it near or far? In focus, or out of focus?*
   - *The sound of the dad's voice: is it loud or soft? Is it high pitched or low pitched? Does it have a range? Is it near or far? Where is it coming from? Is it clear or muffled?*
   - *The feeling in the kid's body, and if you have to – go down into the picture for a quick association: where exactly is it? Does it have a size? A temperature? Does it stay the same, or does it move at all? Does it have a texture? Is it hard or soft?*
3. *Belle is once again dissociated and now changes the picture and the submodalities. For Belle it was all about the finger. She needed some sense of humor there so in her mind she made the finger very small, much smaller than the rest of the dad's body. She modified the dad's lips and made them smile, she changed his voice to be pitchy and funny. When she now looked at the picture, still dissociated, it made her smile, maybe laugh (I noticed changes in her physiology*

during the shift of the picture) and when she was once again associated with the kid (feeling what she felt, hearing what she heard, seeing what she saw) she felt a worm feeling in her body and a sense of peace all over.

4. *Belle no longer "sees" her dad's pointing finger when she eats. In fact, she admits she feels now more comfortable around him, especially when they enjoy family gathering together that involve food.*

We remember 28 years old Barak, taking his first steps as an acupuncturist and a therapist. Inexperienced and with somewhat low self-esteem or exhibitions in executing his wishes and abilities, Barak embraced the power of NLP as one of the Gymind™ tools to build his self-confidence and trust his inner power. Getting him on back on track with his physical activity was one way to address the problem. Through running Barak took control over his body, "got reconnected" with his muscles and felt good about himself. That was one part of the equation, an important one but not sufficient. Our desired outcome was to enable Barak to discover, elicit the power of, and utilize excellent behavior in himself as a therapist. We wanted him to feel as a successful person would: in control of his state, staying in a positive and up state no matter what the external circumstances.

1. *Imagine a ring of power placed on the floor in front of you.*
2. *Remember a time when you were totally motivated. And when you are totally motivated, then step into the ring. Barak felt totally motivated when he graduated from school. And also when he won a running competition in the fifth grade. We added additional desired states in the same way: the time when Barak felt totally powerful; when he felt he had tons of energy; when he felt totally loved; when he felt he could have whatever he wanted; a time when he felt totally confident.*
3. *When the states began to subside Barak stepped out of the ring.*

The same week Barak got three phone calls from potential clients. Barak steps into the circle of power each time he needs a boost of energy and confidence. But something is definitely changed with his walking, sitting, speaking (more clearly and firmly). Without really paying attention Barak "owns" a physiology of excellence.

Research shows that physical affection has measurable health benefits. Stimulating touch receptors under the skin can lower blood pressure and cortisol levels, effectively reducing stress. (Hertenstein, 2006). A study from the University of North Carolina found that women

who hugged their spouse or partner frequently (even for just 20 seconds) had lower blood pressure, possibly because a warm embrace increases oxytocin levels in the brain. (Light, 2005). Over time, lower blood pressure may decrease a person's risk for heart disease knew how good it felt to get a reassuring hug or squeeze. The Department of Nursing from the Umeå University in Sweden found how essential touch is in the process of healing. (Edvardsson, 2003) A relationship described as calm, friendly and humane is created between caregiver and patient when giving touch, a relationship that transcends the moment of touch and influences one's way of caring. This understanding is presented using the theoretical framework of the philosophy of the existentialist Marcel Gabriel, recognizing that human interaction often involved objective characterization of "the other", Marcel still emphasized the possibility of "communion" – a state where both individuals can perceive each other's subjectivity. (Marcel, 2007). A hug, pat on the back, and even a friendly handshake are processed by the reward center in the central nervous system, which is why they can have a powerful impact on the human psyche, making us feel happiness and joy. It doesn't matter if you're the toucher or touchee. The more you connect with others, on even the smallest physical level, the happier you'll be. (Spechler 2013)

In order to make Aida more confident about taking a good run after the traumatic events she had experienced as a young lady, anchoring technique was a huge help. Not only did it help Aida get in rapport with those great care-free times before her painful episode, but it was an important stimulus that linked neurologically the running in the present and the joy she had felt about it in the past. Every time Aida went for a run, especially in the beginning of her training session, she applied our anchoring method and felt reassured and positive, all it took was bringing together her two fingers, the pointing finger and her thumb, and she would be "anchored" to that good experience.

Can you remember a time when you were totally active, running, winning at a running competition maybe? "Yes, I was 16 or 17 years old, having fun with my friends, feeling care-free and empowered."

As you go back to that time now… go back to that time, float down into your body and see what you saw, hear what you heard, and really feel the feeling of being totally active.

Now attach your pointing finger to your thumb and make that past activity even greater, more empowering. Multiple that feeling by 10, by 100, by 1000, by million… try to breath the same

way you did then. And feel that experience in your fingers, take a deep breath and come back to now.

It's important to be aware of the touch. Just like we are aware of the physical activity we practice so that muscle operates better, as we studied in chapter one. Or be aware of the foods we are eating to make them taste better. Awareness, the power of the conscious mind is the key to connect to those subconscious areas: sensations, emotions, blood pressure, health. We are constantly "anchored": we touch the pen we love to write with and we charge and recharge it with that energy of writing, creating, producing, and drawing. We are "anchored" to our children, thanks for those endless hugs that make us feel better: loved, wanted. A touch, any touch charged with emotions, makes us be anchored to that emotion. So when you touch the dumbbells at the gym and you enjoy the sensation and the hard work, the next time you touch those dumbbells you are about to feel the same way. Some people can't bare the touch of running shoes on their feet since they constantly remember or feel how much they hated to run at gym class at school. This goes on and on, endless touchers and touchees all the time. Be aware of the power of "anchoring" and you can recreate or better yet manipulate better experiences by touch. For instance, take your running shoes with you and wear them on your next vacation.

The Gymind™ method is about better communication for a better health. Not only in its common sense from Latin *commūnicāre*, "to share", or the activity of conveying information between two or more people, (Harper, 2013), but also a personal communication in the sense of conveying a message to yourself through the exchange of thoughts, messages, as by speech, visuals, signals, writing, or behavior. First we listening to our body, our thoughts, then we are able to better communicate with others. In the field of discourse analysis and argumentation Michel Foucault[8], French philosopher, believed that mind control is more powerful than physical punishment in establishing social control, for example. (Derrida, 1978). The power of the mind for self-control is critical for a better society. Conveying a message to the self in a certain way determines mental and physical health of the self. Choice of words, choice of thoughts, choice of certain behaviors they all are part of a

[8] Michel Foucault, (1926-1984) historian of ideas, social theorist, philologist and literary critic, whose theories addressed the relationship between power and knowledge, and how they are used as a form of social control through societal institutions. (Foucault, 1972).

self-communicational system that defines who we are, how we act and how we feel. Can it be controlled? Altered? Cognitively modified?

Hypnosis is one of those methods for self-communication and alternation of states. It's a natural state that each of us has the ability to enter. Our conscious mind is the part of us that we "think" with. It consists of all of our conscious thoughts. While our subconscious handles the many millions of details that we encounter every day of our life. Basically, hypnosis allows us to open the subconscious mind to suggestions while the conscious mind wanders, or is otherwise distracted. (Stevenson, 2004). Hypnotherapy is a cooperative activity, which requires the full consent of the client. However, all hypnosis is self-hypnosis since the subject enters hypnosis of his own accord. We have all been hypnotized: when we read a book and lose track of all time and feel as though we are there. Or when we drive down the road and suddenly "snap to" wondering how we have travelled the last few kilometers. These are altered-states where our subconscious mind had jumped to the surface and taken over while our conscious mind wanders. We have talked in chapter one about the inner elevator that goes occasionally up or down form the conscious to the subconscious or from the subconscious to the conscious. That's the kind of communication hypnotherapy enables us. Throughout that kind of communication we can control, modify and alter what we have referred to as the "Automat" for better health. Nobody is ever cured with hypnotherapy. Hypnosis is not in itself a cure for anything. It's a tool, and a very powerful one since it allows to speak directly to the subconscious mind. This part is called "intervention" and it's what we say in this part that is most important. As opposed to those affirmation we have encountered in chapter one, talking to the subconscious mind is as effective as it can get to achieve our goal. A study from the University of California in San Francisco found that hypnosis would be more effective in helping smokers quit than standard behavioral counseling (Carmody, 2008). A study from the University of Frankfurt found that prior clinical hypnosis and NLP have similar success rates of External Cephalic Version procedures[9] and are both superior to standard medical care alone. (Reinhard, 2012). Meta-analysis was performed on 18 studies in which a cognitive-behavioral therapy was compared with the same therapy supplemented by hypnosis. The

[9] External cephalic version is a procedure used to turn a fetus from a side-lying (transverse) position into a head-down (vertex) position before labor begins. When successful, version makes it possible for you to try a vaginal birth. (WebMD, 2013).

results indicated that the addition of hypnosis substantially enhanced treatment outcome, so that the average client receiving cognitive-behavioral hypnotherapy showed greater improvement than at least 70% of clients receiving nonhypnotic treatment. Effects seemed particularly pronounced for treatments of obesity, especially at long-term follow-up, indicating that unlike those in nonhypnotic treatment, clients to whom hypnotic inductions had been administered continued to lose weight after treatment ended. (Kirsch, 1995). Randomized controlled studies with clinical populations indicate that hypnosis has a reliable and significant impact on acute procedural pain and chronic pain conditions. Methodological issues of this body of research are discussed, as are methods to better integrate hypnosis into comprehensive pain treatment. (Patterson, 2005). One significant study examined the effect of adding hypnosis to a behavioral weight-management program on short- and long-term weight change. One hundred nine subjects, who ranged in age from 17 to 67, completed a behavioral treatment either with or without the addition of hypnosis. At the end of the 9-week program, both interventions resulted in significant weight reduction. However, at the 8-month and 2-year follow-ups, the hypnosis clients showed significant additional weight loss, while those in the behavioral treatment exhibited little further change. More of the subjects who used hypnosis also achieved and maintained their personal weight goals. (Bolocofsky, 1985).

Gymind™ often meets people that wish to lose weight. The initial reaction might be to suggest tot the subconscious mind "from now on you will eat less". This may seem acceptable to me, but I am using my conscious mind. To the subconscious mind "eating less" is not specified enough, it's too vague. The subconscious mind may interpret this as "from now on I will only eat once a week" . a better hypnotic message would be; "from now on you will only have the urge for healthy foods; fatty foods like chocolate and candy will only be eaten moderately or on special occasions. You will decide when your meal is done based purely upon need and fullness…" (Stevenson, 2004).

Milton Erickson was a psychologist and a psychiatrist who truly understood how to communicate with the subconscious minds of others. He was known to be using metaphors to convey messages, hypnotize and heal, in order to "help people extend their limits." (Haley, 1993). A metaphor in this setting is a type of story that has specific, personal and therapeutic meaning in relation to the subject. Metaphors are usually short stories that when interpreted

on a subconscious level, give new resources or solutions to the subject. (Stevenson, 2004). The subconscious mind is naturally very abstract and metaphorical. The therapeutic metaphor is not a story that meant to be understood by the conscious mind. On the contrary, they are usually designed to confuse and misdirect the conscious mind while the subconscious mind draws parallels and derives meanings from the story in relations to its current dilemmas.

Oliver the former hypotonic child whom we met in previous chapters heard the story about Milton Erickson who was paralyzed but with a great will power and lots of training, swimming, mind games and self-belief learned to walk again. (Haley 1993). Oliver loves to hear stories about other kids who encounter Gymind™. Hearing about other boys and girls his age encourages him to keep on going, inspires him to eat right and keep on with his strength training. Oliver often compares his progress to the progress of other kids (he does not know in person, obviously), but can relate to their stories, their disabilities and their motivators for better health.

Who really knows what secrets lay in the depth of the brain? It may take years and years of neurological research to find out and we are not quite there yet. For now we can and should focus on what we do know and choose to *be at cause* knowing, according to Hermann Hesse's[10] famous quote that "There is no reality except the one contained within us. That is why so many people live such an unreal life. They take the images outside of them for reality and never allow the world within to assert itself." We are all unique individuals with unique needs and personal belief systems, knowing that even if we have the same problem it does not mean that we can solve it in the same way. It's up to us to reconnect to our wonderful limitless self and get healthy. We do not need to know all the secrets that lay in the depth of the brain, but we do need to know that we have a resilient body we should bless and encourage; that when we *believe* healing or change in all areas of life is possible, then the body will respond and so will Reality. The brain is constantly evolving, hence we are

[10] Hermann Hesse (1877-1962) was a German-Swiss poet, novelist, and painter. In 1946, he received the Nobel Prize in Literature. His best known works include *Steppenwolf, Siddhartha*, and *The Glass Bead Game* (also known as *Magister Ludi*) which explore an individual's search for spirituality outside society. (Goodreads.com)

constantly evolving: taking the way up through the stairways of life. Taking a higher step may be challenging and hard. We practice every muscle in our thigh, putting all of our weight on that small foot and we make the effort to take that step. It's hard. But when we do that, we are placed in a higher position, looking back to where we came from, being able to see better from above, and having a better perspective on life.

Not only are we in charge of ourselves, but we influence other as well. Think about a stone tossed into a flat pond. The stone falls gently yet rapidly straight down in to the ground not before it creates circles all around. Those circles continue to grow further and further for a distance, under the influence of that tiny innocent stone you tossed. You cannot predict how many circles are formed or how far the water will take them but you know you are responsible for that natural reaction of the water and you know those circles go far and far away conveying the news: a stone got tossed into the pond. When you take responsibility of your life, your body, your soul, you yourself you dive into the depths of your being, you are that tiny stone. Then circles start to emerge, thanks to you. You cannot predict the course of those circles but you know they are there. So don't just sit there and do nothing but maybe complaining about life. Your health and happiness are up to you now. You are the one who hold the key to open the door for better health, you have the power to change; you know the Secret and the formula for your bright now and a brighter future. And when you do that, know you create many circles around you that slowly yet firmly approach others, enlightening their lives inspire their soul. You get in touch with your inner compass and get to know yourself. Listen to your body and soul and fulfill it needs. Enjoy the benefits of a "personalized way of life", and go ahead now and enjoy your life. The rest will follow.

Appendix

Aida's training program

Week 1

Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
2 min. walk	2 min. walk	**rest**	1 min. walk	**rest**	1 min. walk	**rest**
30 sec. light jogging	30 sec. light jogging		1 min. light jogging		1.30 min. light jogging	
2 min. fast walk	2 min. fast walk		2 min. fast walk		2 min. fast walk	
30 sec. light jogging	30 sec. light jogging		1 min. light jogging		1 min. light jogging	
2 min. fast walk	2 min. fast walk		2 min. walking		2 min. walking	
30 sec. light jogging	30 sec. light jogging		1 min.. light jogging		1 min.. light jogging	
2 min. walking and end of training	2 min. walking and end of training		2 min. walking and end of training		2 min. walking and end of training	
9.30 min.	**9.30 min.**		**10 min.**		**10.30 min.**	

Week 2

Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
2 min. walk	2 min. walk	**rest**	2 min. walk	**rest**	2 min. walk	**rest**
1.30 min. light jogging	1.30 min. light jogging		2 min. light jogging		2 min. light jogging	
1 min. fast walk	1 min. fast walk		1 min. fast walk		2 min. fast walk	
1.30 min. light jogging	1.30 min. light jogging		2 min. light jogging		2 min. light jogging	
1 min. fast walk	1 min. fast walk		1 min. walking		1 min. walking	
1.30 min. light jogging	1.30 min. light jogging		2 min.. light jogging		2 min.. light jogging	
2 min. walking and end of training	2 min. walking and end of training		2 min. walking and end of training		2 min. walking and end of training	
10.30 min.	**10.30 min.**		**12 min.**		**13 min.**	

Week 3

Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
2 min. walk	2 min. walk	**rest**	2 min. walk	**rest**	2 min. walk	**rest**
3 min. light jogging	3 min. light jogging		3 min. light jogging		4 min. light jogging	
1 min. fast walk	1 min. fast walk		1 min. fast walk		1 min. fast walk	
3 min. light jogging	3 min. light jogging		3 min. light jogging		4 min. light jogging	
1 min. walking	1 min. walking		1 min. walking		1 min. walking	
3 min.. light jogging	3 min.. light jogging		3 min.. light jogging		4 min.. light jogging	
2 min. walking and end of training	2 min. walking and end of training		2 min. walking and end of training		2 min. walking and end of training	
15 min.	**15 min.**		**15 min.**		**18 min.**	

Week 4

Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
2 min. walk	2 min. walk	**rest**	2 min. walk	**rest**	2 min. walk	**rest**
4 min. light	4 min. light		5 min. light		8 min. light	

jogging	jogging	jogging	jogging
1 min. fast walk	1 min. fast walk	1 min. fast walk	1 min. fast walk
4 min. light jogging	4 min. light jogging	5 min. light jogging	8 min. light jogging
1 min. walking	1 min. walking	1 min. walking	1 min. fast walking
4 min.. light jogging	4 min.. light jogging	5 min.. light jogging	2 min. walking and end of training
2 min. walking and end of training	2 min. walking and end of training	2 min. walking and end of training	
18 min.	**18 min.**	**21 min.**	**22 min.**

Running is supposed to be very natural for us. As toddlers we start to walk, and then we run. It's that simple. However, when people suffer from pain and injuries, then when we watch their technique while running, we can see their "mistakes". One simple explanation Aida needed in order to jog properly, and that made all the difference and enabled her to run freely and effortlessly.

A training session to support your run

"Pain is inevitable, Suffering is optional" wrote Haruki Murrakami, in his fascinating "What I Talk about when I Talk about Running" (2005). When we run we cannot avoid the pain: the muscles ache all over, the ability to breath is tested and for those who run long miles it's also the test of mental endurance, patience and dealing with thoughts that run in mind. It's well known that in order to improve running abilities as far as cardio-vascular capacities and mental skills we need to practice and engage to…running. A good half-hour run twice a week at an average ratio improves physiological parameters and helps maintain a good health. This training program complements your regular run and helps you improve your embrace pain and avoid suffer.

Several highlights:

- *Make sure to rest fully one day per week*
- *Maintain a balanced and smart nutrition*
- *Don't give up on stretching, mainly after working-out.*
- *Don't give up on exercising your abs, back and your upper body. They all take part in running, and strengthening them is good for balance and posture.*
- *Practice both aerobic training and anaerobic training (each one of them twice a week) to improve your run and perfect it.*

***The Aerobic training**: key word is Variety. Make sure you vary in speed, elevation and times. These changes and variations are important in order to make you up and ready for everything. Variation in speed will help you use oxygen in a more efficient way for example. Changing the elevation will teach your neuro-muscular system to adapt itself to the intensity of your run and eventually you will run faster on plane level.*

This aerobic training is good for an out-side jog or for working in-doors on the treadmill.

time	***What to do***	***highlights***
2 minutes	*Fast walk*	*Keep your abs tucked in, head straight forward.*

2 minutes	*Fast run, 10-12 kmh*	*Depending on how fit you are. Beginners: 8 kmh*
5 minutes	*8.5 kmh*	*Balance your breathing and pulse. Beginners: listen to your body and walking if you need*
4 minutes	*Walk at 6 kmh, elevation 6*	*Maintain a strong and squeezed gluts, strong abs and try not to hold the treadmill*
2 minutes	*Fast run, 10 kmh, back to elevation 0*	
3 minutes	*Light jogging, 8 kmh*	*Balance your pulse*
2 minutes	*Walk at 6.5 kmh*	*Balance your pulse, get ready for rest or go for a second round*

The anaerobic training:

It's true that the quadriceps femoris (muscles of the thigh) work while we run. But it is not enough. When we take a long run we rely mostly on "red fibers" of the muscle, identified by slow contraction times and a high resistance to fatigue, red in color due to the presence of large volumes of myoglobin and so oxygen. Anaerobic training that strengthen the quadriceps muscles for instance, work on "white fibers", glycolytic fibers that have low levels of myoglobin, where levels of myosin ATpase is highly present and contribute to anaerobic abilities such as jumping or sprints. As long as both types of fibers, both red and white, take place in our run it will significantly improve.

Sarah and Sharon are mother (45) and daughter (15) both sharing personal training sessions twice a week for quite some time now. They are both in a process of losing weight and tone up their bodies. Sharon jogs really well. She is all into the aerobic sessions and has difficulties with the anaerobic ones. As for her mother, she is the one who dreads jogging, walking, kick-boxing or aerobic dance but is all pumped up for a good power session. At first it was a real challenge to keep them both satisfied during their "duet session". But when they realized it's a matter of genes, body type and "colored fibers" it was easier to accept the gap they had been experiencing all along. Sarah, with more white fibers is challenged on our aerobic training and Sharon, with more red fibers defies her genes when we work on power.

Exercise no. 1: strong knee lifts

Starting position: place your left foot on the step. The right ankle holds a 2 kg weight. Lift your right knee towards the chest and go back to starting position. Make sure you abs are tight and remember to breath throughout the exercise.

How many? 10 executive lifts of the right knee, 10 left, twice in a row.

Exercise no 2: Power Jumps

Starting position: stand on both side of the step, knees slightly bent. Place weight on both ankles.

Perform a "soft" jump with both feet on the step, place right foot in front of the left on lending. Get off of the step back to starting position (without jumping).

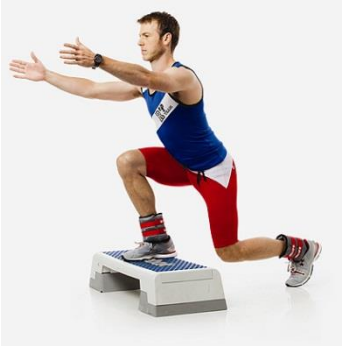
How many? Change position of feet on the step 14 times in a row.

Exercise no. 3: lunge back

Starting position: start on the step, lightly spreading your feet apart. Place weight on both two ankles.

Take one step back with your right leg and place foot pad on the ground. Maintain your balance. Stay in position for two seconds and go back on the step

How many? Twice with right foot, twice with left, 3 times in a row.



Exercise no. 4: Focus on your thigh

Starting position: sit along the step; place your palms on the step for support, as they are turned towards your body. Place your feet on the ground, bend your knees. Put weights on both ankles.

Lift your right knee towards your chest then straighten it forward so that both knees are aligned. Make sure you flax your foot. Go back to starting position.
How many? 10 with right leg, 10 with left, twice in a row. .

5 simple moves are recommended because they target the muscles that do much of the work in walking:

1. *Ankle circles: Stand on one foot and slowly flex that ankle through its full range of motion, making circles with the toes.*
2. *Leg swings : stand on one leg and swing the other loosely from the hip, front to back*
3. *Pelvic loops: Put hands on hips with knees gently bent, feet at shoulders-width apart. Keep body upright and make 10 slow continuous circles with hips.*
4. *Arm circles: body position like the letter T (arms wide open) 10-12 slow backwards circles with hands, starting small finish with large using the entire arm. Shake arms and repeat forward.*
5. *Hula-hoops jumps: hopping in place on both feet, twist feet and lower body left and then right 20 times*

"Powers-walk" your health

Walking technique spans a spectrum, from a relaxed stroll to a competitive race-walking gait. "Power walk" is a robust and strong method of walking, a technique to take our walking experience to the next level. The secret is shifting from the typical "window-

shopping stroll" to a more athletic gait and pace. It takes a little practice, since thinking about the movement is involved, but the calorie burnt, up to 400 for an hour of power walk, really pays off. How to walk the power walk? Apparently go faster. However, it's not only that. When we power-walk and think of all the elements of that technique we reprogram the brain and the body which is already used to a certain pattern of walking. So it becomes a "mind-walk" along with a "power walk". (Jordan, 2013).

1. Pump your arms, driving your elbow straight back as you push your opposite hand forward. You bend your elbows to 90 degrees and swing your arms at your sides in opposition to your legs. That's the way to walk faster and maintain balance; this motion also works your upper body by strengthening your triceps and trunk.
2. Keep your stride a bit smaller than your natural stride length; simply take more steps in a shorter amount of time. Push off the ground through the ball of your foot, propelling yourself forward. That's the way to protect your back.
3. Keep your shoulders relaxed, maintain an upright posture, and push off through your foot, thinking about your leg muscles with each step. That's the way to walk fast. (Archer, 2010).

Power Walk: watch your elbows, straight neck, smaller strides for fast steps

Maya's training program

Walking, running, step-aerobics, cycle training, Interval, it was all there twice a week for an hour of aerobic work-out. The first several months of training revolved almost only around the cardio-vascular endurance. A Polar watch was a must so that we could monitor the pulse and work-out with extra caution: not to overload, not to exaggerate. In order to "get Maya's heart in shape" any aerobic activity counted.

This example of a strong and vigorous training session enabled Maya to work on her cardiovascular endurance (the heart's ability to deliver blood to working muscles and their ability to use it) while her pulse raises up to 85% of its maximum capacity for 10 minutes or even less.

Begin with a short dynamic worm-up in order to prepare joints and muscles. A 2 minutes-walk could do the work. You can perform one round of exercises 1-5, take 1 minute rest and go again for a second round. You finish with some stretching.

Exercise no. 1: Jumping Jacks

Starting position: Stand with knees slightly bent and arms resting to the sides of your body.

Jump so that your legs are more than shoulder-width apart, extend arms and lift them above your head so that they the palms touch. Go back to starting position.

How many? 10 repetitions, 3 sets, a 10 seconds rest between sets.

Exercise no. 2: Hills to your Gluts

Starting position: Stand with legs more than shoulder-width apart; extend arms in front of your body on shoulders level.

Lean forward, jump high and bring your left hill to your gluts. Change to the right leg while jumping.

How many? 20 repetitions, 3 sets, a 10 seconds rest between sets.

Exercise no. 3: Sides jumping

Starting position: Stand with knees slightly bent and arms resting to the sides of your body.

Jump with both legs from side to side. Keep your knees slightly bent on landing and keep your abs strong and core muscles tacked in. In order to raise the bar you can jump higher and longer distance.

How many? 20 repetitions, 2 sets, a 10 seconds rest between sets.

Exercise no. 4: On the step.

Starting position: Stand behind the step with your knees slightly bent legs more than shoulder-width apart

Jump on the step with both legs. Keep your knees slightly bent on landing and keep your abs strong and core muscles tacked in.

Gently go back to position number 1, without jumping.

How many? 10 repetitions, 3 sets, a 10 seconds rest between sets.

Exercise no. 5: Don't skip your skipping rope.

Starting position: Hold your rope in front of your body just before beginning to jump.

Jump as you use one leg after the other

How many? Two minutes in a row.

The anaerobic cycle training

This would be an example of an anaerobic training session in order to strengthen Maya's core, obtain optimal mobility and physical strength.

Exercise no. 1: Walk with Power

Works on: *Preparing muscles and joints for the activity, strengthens arms and thighs.*

Starting position: Stand up comfortably and hold a power ball or a 4 Lb. weight in your hands.

Step back and forth wile lifting up your knees; swing your arms up to a 90 degrees angle in an opposite direction to the legs.

How many? 8 steps forwards, 8 steps backwards, 5 times in a row.

2 1

Exercise no. 2: For arms and thighs

Works on: *Pectoralis major (chest), scapulas, thighs, gluts, coordination*

Starting position: Stand up comfortably and hold a power ball or a 4 Lb. weight in your hands, arms bent in front of your chest as shown.

Open your elbows (bring your scapulas closer) and lift your right leg to the side.

How many? 8 lifts of the right leg, 8 lifts of the left leg, 6 right, 6 left, 4 right 4 left 2 right 2 left then one after the other 8 times in a row. .

2 1

Exercise no. 3: Bowling with Balance

Works on: *Arms, thighs, gluts, balance and coordination*

Starting position: Stand in a step forward position, each hand holds a weight.

Make a bowling move with right arm (as if you are about to toss the weight) and lean forward while lifting the right leg up. Work slowly.

How many? 10 lifts with right side, 10 with left, 3 sets in a row.

2 1

Exercise no. 4: Squat with a cross

Works on: *Arms, thighs, gluts, chest.*

Starting position: Stand up, knees slightly bent, hold a weight on each arm.

Take a squat to your right and place both arms crossed in front of your chest. Go back to position 1.

How many? 10 squats to your right, 10 to your left. 2 sets, a 15 sec rest between sets.

2 1

Exercise no.5: Diagonal weights

Works on: *Arms, shoulders, abdominals.*

Starting position: Lay down on your back with your knees bent and feet on the ground. Each arm holds the weight; right arm reaches the ceiling, as shown.

Bring your knees to your right and move the right arm toward your left side above and over the body. Hold position for two seconds.

How many? 15 repetitions to your left, 15 to your right , 2 sets in a row.

2

1

Exercise no.6: Half a bridge

Works on: *Arms, abdominals, Gluts, Balance, coordination.*

Starting position: Lay down on your back with your knees bent and feet on the ground. Each arm holds the weight, and placed to the side of your body.

Lift your left leg straight to the ceiling. Squeeze your gluts and keep your abs tacked in. raise your arms up towards the ceiling without "locking" your elbows.

How many? 8 times with your left leg, 8 with your right 3 sets, 10 seconds rest between sets.

2   **1**

A possible nutrition plan for Moses; ~ 1800 kcal.

Breakfast 7:00: Rushes out for work : *an energy bar (120 kcal) and a yogurt (60 kcal), or: two slices of whole wheat bread (80 kcal each) with cottage cheese (two spoons 60 kcal) or with half a avocado (150 kcal) and a cup of coffee (with one tsp. of sugar 50 kcal). (Total of 250 kcal).*

9:30, between patients: *a banana and an apple (80, 60 kcal.) or: a handful of walnuts (150 kcal) or a handful of almonds (150 kcal) or three dates (150 kcal.).*

11:30, between patients: *a banana and an apple (80, 60 kcal.) or: a handful of walnuts (150 kcal) or a handful of almonds (150 kcal) or three dates (150 kcal.).*

13:00, quick lunch, before a surgery at the hospital or a board meeting or continuing his day at the private clinic: *Chicken breast in a whole wheat sandwich or 2 boiled eggs in a whole wheat sandwich or a Tuna whole wheat sandwich (250-400 kcal).*

15:00, a quick coffee break, *a cup of coffee and an energy bar (50, 120)*

17:00, between patients*: a banana and an apple (80, 60 kcal.) or: a handful of walnuts (150 kcal) or a handful of almonds (150 kcal) or three dates (150 kcal.).*

19:00, dinner at home (next lines) or between patients*: a banana and an apple (80, 60 kcal.) or: a handful of walnuts (150 kcal) or a handful of almonds (150 kcal) or three dates (150 kcal.).*

21:00, dinner at home*: a bowl of brown rice (8 tbsp. 320 kcal), a vegetable salad (50 kcal) a grilled fish (100 kcal) or chicken breast (150 kcal).*

If there were no nuts in any meal during the day *– add two "Brazil nuts" and 7 "California nuts".*

Like to dislike **NLP technique**

1. *Can you think of something that you like but wish you did not? Good, what is it? As you think about it, do you have a picture? (Elicit Submodalities: Visual, Auditory, Kinesthetic: for example: how does it look, where is it located how do you feel about it) Let's say you wish you did not like ice cream.*
2. *Can you think of something which is similar, but which you absolutely dislike? For example, yoghurt. (Elicit the SubModalities. The location of both pictures should be different!)*
3. *Change the SubModalities of #1 into the SubModalities of #2.*
4. *Lock it in place. "Do you know the sound that Tupperware makes when it seals, just like that, lock it right there".*
5. *Now, what about that thing you used to like? How is it different now?*
6. *Future Pace: "Imagine a time in the future when you might be tempted to eat ice-cream. What happens?"*

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