

# GROUP PSYCHOTHERAPY FOR OBESITY

## A CORRELATION BETWEEN RESULTS OF TREATMENT AND INITIAL PSYCHOLOGICAL TESTING

HENRICUS WIJSENBECK

BARUCH LANDAU

AVNER ELITSUR

The magnitude of the problem of obesity finds its expression in the multitude of therapeutic approaches for treatment of this condition. The relationship between the patient's mental make-up and obesity, and the consequent difficulty in managing this condition, is well-known clinically, and has been well-documented since Richardson's<sup>7</sup> publication in 1946, including Mendelson's<sup>6</sup> review in 1964. In view of this, psychiatric treatment is sometimes used in the management of obesity. Several authors<sup>3, 4, 5, 8</sup> stress the advantage of group psychotherapy in treating obese individuals.

It is the purpose of this communication to report the results of group psychotherapy for twelve obese subjects who had been resistant to previous medical treatment. In addition, the internal conflicts characterizing this group of patients are described and compared to those present in a random group of obese patients who had responded to dietetic management alone.

### MATERIAL AND METHODS

The group studied comprised 12 married mothers, aged between 32 and 48. The average overweight was 63% above the "ideal" weight. They were chosen from the files of the Endocrinological Department on the basis of the following criteria: (1) Long-standing obesity, of at least 6 year's duration; (2) No endocrine pathology; (3) Lack of response to previous dietetic management and long treatment with 50-75 mg. Phenmethazine Hydrochloride per day and diuretics; (4) The impression of the interviewing psychiatrists that the subject was suffering from psychiatric pathology; (5) The readiness of the patient to take part in the therapeutic trial.

All the patients underwent a thorough psychiatric examination, including the following psychological tests: Rorschach test, Wechsler intelligence test, Bender test and the "Draw a man" test.

At the beginning of treatment each patient was given a list of "permitted" foods, which comprised a protein-rich diet with no quantitative restrictions.

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From the Department of Psychiatry and the Department of Endocrinology, Beilinson Medical Center and Tel Aviv University Medical School.

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Throughout the period of psychiatric therapy, all patients were given 25 mg Phenmethrazine Hydrochloride B.I.D. They were periodically examined by the endocrinologist. Sessions took place once a week, throughout a year's time, under the therapeutic guidance of two psychiatrists, an endocrinologist and a registered nurse. There was also in attendance a dietician who gave guidance in the preparation of dietetic menus. Following the group sessions, a communal, dietetic lunch took place in Beilinson Hospital.

The fact that none of our patients had responded to previous dietetic and drug therapy served as a control for the effectiveness of the group psychotherapy, which was now given in addition to the very same management. Another eleven, obese women, chosen from the files of the Endocrinological Department, served as an additional control. These women had the same socio-economical background, were also married mothers. All of them had previously been treated by the same endocrinologist, using the same dietetic and drug therapy, and had been able to lose 15-30% of their initial weight during the year of therapy. This control group was subjected to the same psychiatric evaluation, the results of which were compared to those obtained from the treatment group.

*Course of the Therapy* — The atmosphere in the treatment group was relaxed and friendly. The women were in good spirits and free in speech and movement. From the start, the participants had a positive attitude towards the therapy. In the words of one member of the group, they regarded the meetings as "the day on which others concern themselves with us, and not we with others". This attitude soon became very consolidated during the course of the sessions, with the development of a characteristic feeling of dependence on the group.

From the start they were strict about punctuality and fastidious about their appearance. At a later stage, with the imminence of the summer vacation break, some tension was discernible. As the year of treatment drew to a close, dependence was so great that the mere suggestion of cessation of therapy caused reactions of anxiety and dismay among some of the participants. They expressed their fear of loss of contact with the therapist and their trepidation that weight gain would recur. This attitude required a special approach on the part of the therapists. Meetings were reduced to two a month, and time was devoted to sessions on a personal basis. Impressed upon the patients was the fact that the function of the therapy was not so much to cause weight reduction, as to teach them to handle their internal problems with greater ease and without having to resort to the spurious satisfaction gained from overeating.

The conversations revolved around their uncomfortable personal feelings with regard to their external appearance, which they found revolting. They repeatedly emphasised the mental distress they experienced and related it directly to their appearance, tending to disregard their earlier mental problems. They firmly believed that weight reduction alone would suffice to solve their mental problems. However, as therapy progressed, personal problems were discussed more and more frequently. This was undoubtedly helped along by a number of factors: first by their own, inner need to find expression and relief for the various problems not directly connected with obesity and, secondly, by the attentive atmosphere and identification with problems common to all the participants. Another helpful factor was the way in which the therapists unobtrusively directed the discussion towards the mental problems underlying the obesity, rather than to the obesity itself. At the beginning, interfamily relationships were the main topics of discussion, but with the growth of contact within the group, more intimate problems and even sexual difficulties and disturbances, were discussed. Not all the participants were able to express themselves freely, but even the passive listeners undoubtedly enjoyed a feeling of identification. As discussion of mental problems replaced that of dietetic problems, a transition took place in relation to the leaders of the group. Leadership passed from the expert on organic problems (the endocrinologist) to the therapist dealing with the mental aspect (the psychiatrist).

We would also like to point out the significance of the luncheon which took place after each meeting of the group. It contributed towards the consolidation

of contact and cooperation, constituted a practical guide to the preparation of tasty, dietetic meals and, finally, it took on symbolic meaning, being regarded as a reward or punishment, in accordance with the patient's relative success or failure in losing weight.

## RESULTS

The initial psychiatric evaluation of the treated group brought forward some characteristic traits common to the majority of the participants. Their personality may be described as being domineering, aggressive and impulsive. At the same time, there were well-recognizable signs of a lack of maturity, infantility and dependency. Their search for oral gratification was prominent, eating being an expression of their aggressive trends. Excess weight was regarded as an expression of femininity and motherhood, but at the same time there was no acceptance of this role. Another common experience was the feeling of rejection which they had had in childhood and which continued into their adult life. In addition, all of them suffered from severe disturbances in their sexual adjustment. When under emotional stress in the past, they used to gorge themselves indiscriminately and uncontrollably.

Six of the women were diagnosed to be suffering from deep-seated mental disturbances with suppressed psychotic traits and suicidal tendencies. The rest of the participants were diagnosed as being neurotics with hysterical tendencies.

These findings were compared to a similar psychiatric evaluation made of the control group. The only differences to be found between the two groups can be expressed in two aspects: in the control group, the adjustment to stress situations in the past had been good, and their sexual adjustment had been satisfactory. Difficulties had arisen only after obesity had developed. This is in contrast to the finding in the study group, which had suffered from such problems prior to development of obesity.

The results obtained from treatment can be measured by evaluating two factors: ((A) Loss of weight; (B) Improvement of the emotional state.

A. Under combined dietetic and psychiatric treatment, some patients were successful in losing weight. In half of the group, the final results showed a loss of 7-25% of their initial weight. In the second half there was no weight loss at all. The weight reduction curve was not uniform during the year of treatment; part of the women reduced gradually and steadily, whereas others showed a sharp drop at the beginning and only a shallow one afterwards.

B. There was a considerable improvement in the emotional condition of 4 of the 12 women and a partial one in another 4 women. Four women did not respond.

The emotional changes expressed themselves in a relief of tension, increased self-control, the acquirement of some maturity, a certain amount of independence and the gain of insight into the problem of obesity. The correlation between emotional state and reduction of weight was pronounced. A loss of weight brought much approval and satisfaction, whereas a lack of reduction resulted in tension, often accompanied by despair. We further observed that in the majority of the cases, a sudden and rapid reduction in weight aggravated the patient's irritability, restlessness, depression and hypochondric complaints.

## COMMENTS

The therapeutic results obtained in our study, when evaluated solely in terms of loss of weight, were in agreement with those obtained by Suczek<sup>9</sup> who achieved only a 50% success. These seemingly poor results should be considered in terms of the human material participating in our

trial. All the patients were refractory to dietetic and drug treatment and, in addition, most of them suffered from a deep-seated mental pathology.

The achievement of weight reduction is not the only advantage of mental treatment of obesity. We agree with Hilde Bruch<sup>2</sup> who states that in certain cases of overweight, the obesity is only a symptom of deep-seated emotional disturbances and that behind the veneer of fat lie hidden sick and, sometimes, even psychotic minds. In such patients the removal of the symptom (overweight), which has served as a defense mechanism, may precipitate a severe state of anxiety, depression or even psychoses. The protective influence of psychotherapy may prevent the arisal of such emotional complications. It seems to us that this is what happened in some of our patients.

The combined results of our therapeutic measures, i.e. loss of weight and improvement of the mental state, raise an interesting problem: is there any correlation between the response to therapy and the findings of the initial psychological testing. Six patients had been diagnosed as harbouring psychotic tendencies. Only one of these benefited slightly from the year's therapy. In contrast, four of the six patients who had been diagnosed as neurotics, lost weight and experienced an improvement in their mental condition. The other two members of this group also showed a significantly better social adjustment (See Table 1).

<i>Therapeutic results</i>	<i>Neurotics *</i>	<i>Psychotics **</i>
D+ P+	3	1
D- P+	2	0
D+ P-	1	1
D- P-	0	4

*Table 1 — Correlation between the initial psychological testing and the response to group psychotherapy. Legend: D = response to dietetic treatment; P = response to psychological treatment; + = benefit; - = no change; \* diagnosed by psychological testing as neurotics; \*\* diagnosed by psychological testing as harbouring psychotic tendencies.*

This difference in response in this small group of patients gives rise to another question: can it be predicted which patient will respond to psychotherapeutic management of obesity. According to Brosin<sup>1</sup> the eventual success of psychotherapeutic management of obesity depends upon the "ability" of the patients to find a "substitute" for overeating. However, the author does not say how to diagnose the "ability" before psychotherapy is instituted. It is well-known that an emotionally-stable obese patient has a reasonably good chance to lose weight upon treatment. However, this stability, as expressed in the daily adjustment to life, may only be superficial, and in such cases psychological testing may uncover any psychotic tendencies. Thus, an initial psychological work up may be of value in indicating which patient may benefit from the psychotherapeutic management of obesity.

## SUMMARY

Twelve obese women, who had been refractory to Phenmethazine hydrochloride and dietary treatment, were treated throughout one year with a combination of group psychotherapy and diet instructions. A significant correlation was found between the findings of the psychological testing and the results of group treatment. Patients who had been diagnosed by various tests as being neurotic responded much better to the combined treatment (as evaluated by weight-reduction and emotional improvement) than those patients which had been diagnosed as psychotics.

## RESUMO

*Psicoterapia de grupo na obesidade. Correlação entre os resultados do tratamento e a testagem psicológica inicial.*

Doze mulheres obesas, que não tinham tido proveito com o tratamento dietético associado à administração de cloridrato de fenmetrazina, foram tratadas durante um ano com uma combinação de psicoterapia de grupo e instruções dietéticas. Correlação significativa foi encontrada entre os elementos colhidos pela testagem psicológica e os resultados do tratamento em grupo. As pacientes que, após a testagem inicial, foram consideradas como neuróticas responderam melhor ao tratamento combinado (avaliada a melhora pela diminuição do peso corporal e pela regularização do estado emocional) do que as pacientes que previamente tinham sido consideradas como tendentes a psicoses.

## REFERENCES

1. BROSIN, H. W. — The psychology of overeating. *New England J. Med.* 248: 974, 1953.
2. BRUCH, H. — *The Importance of Overweight.* Norton Co., New York, 1957.
3. HAMBURGER, W. W. — Emotional aspects of obesity. *M. Clin. North America* 35:2, 1951.
4. HOLT, H. & WINNICH, Ch. — Group therapy with obese women. *Arch. Gen. Psychiat.* 5:2, 1961.
5. KOTKOV, B. — Experiences in group therapy with obese women. *Psychosom. Med.* 15:243, 1953.
6. MENDELSON, M. — Psychological aspects of obesity. *M. Clin. North America* 48:5, 1964.
7. RICHARDSON, H. B. — Obesity as a manifestation of neurosis. *M. Clin. North America* 30:1184, 1946.
8. SIMMONDS, W. D. — Group approach to weight reduction. *J. Amer. Diet. A.* 30:442, 1947.
9. SUCZEK, R. — Psychological aspects of weight reduction. *Weight. Control Colloquium.* Iowa State College Press, 1955.