Obesity — A Psychological Study

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SUMMARY

The psychological aspects of weight reduction were evaluated using a representative sample of 100 overweight patients drawn from the Iscor population. Psychologically it was not possible to differentiate in advance between successful and unsuccessful reducers.

It was found, however, that the majority of patients suffered from anxiety and depression, and needed continued emotional support while dieting.

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Psychology and psychiatry have contributed a large number of theories concerning the cause of obesity. The majority of these theories view obesity and overeating as a symptom of some underlying psychic abnormality, and imply or directly contend that treatment must focus upon the underlying cause.

Emphasis has been placed upon the presumed deviant personality characteristics which distinguish overweight from normal weight individuals. These deviant personality characteristics, together with the symptom of overeating, are then construed as a basic syndrome which must be treated by dealing with the presumed underlying causes. Simultaneously, individuals should reduce their food intake so that they do not eat too much for their activity level. The idea is then to lend supportive therapy for the underlying causes, thereby enabling the patients to reduce their food intake and so lose weight.

In the most comprehensive review of the treatment of obesity, covering the medical literature for the previous 30 years, Stunkard and McLaren-Hume[1] found that in general only 25% of patients treated lost a significant amount of weight. Of all the patients beginning weight reduction programmes, 20 - 80% abandoned them before completion. It is not surprising that Stunkard is quoted as having said: 'Most obese persons will not stay in treatment for obesity. Of those who stay in treatment most will not lose weight, and of those who lose weight, most will regain it'.[2] Bearing this in mind, it would be of great help if one could predict in advance which persons would respond to treatment, both in clinical practice and in future research.

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The hypothesis underlying this thought was that psychologically the obese would differ from the non-obese in their basic personality make-up. Recent literature, especially that of Bruch,[3-5] emphasises that several personality traits and problems are repeatedly found in obese persons.

1. They are said to be impulsive, immature and emotionally unbalanced. They have conflicts concerning their inner needs and feel guilty—especially about their eating habits. They very often deny the fact that they eat, and do so secretively.

2. They have distorted body images, that is, they often have an unrealistic idea about their own appearance. Some feel extremely big and ugly, while others seem to feel secure in their bodies.

3. Another popular attribute is that 'all fat people are jolly'. Psychological studies have revealed that most obese persons are not as happy as they seem to be; on the contrary, they are very often depressed.

Bearing all this in mind, the group of obese persons involved in the present study was evaluated psychologically by means of interviews and various psychological tests. Measures of aggression, general anxiety, depression, extroversion, introversion—to name a few—were made.

Their attitude towards their own bodies—the so-called body image—was studied by asking the subjects to draw pictures of a man and a woman, and finally a picture of themselves. This method is based on the Draw-a-Person Test.

Then followed statistical analyses of these results—39 psychological measures were correlated to the degree of success attained in weight reduction. Analysis of variance showed no significant difference at a 5% level of any psychological parameter between the 5 categories based on the degree of successful weight reduction. Furthermore, step-wise discriminant analyses and factor analyses were done. These did not succeed in localising some psychological and biochemical parameters which would reasonably accurately describe the successful dieting population. These results are therefore in accordance with Janet Wollersheim's study,[6] in which she stated that it was not possible to predict who the successful reducers would be.

These results underline the fact that each person studied is an individual. He may have some of the conflict areas or patterns of personality traits previously mentioned. But the degree of difference as well as basic individual disparities concerning the handling of these conflicts make generalisations impossible. One therefore cannot prove a marked difference between successful and non-successful reducers.

What we have been able to indicate, however, is that certain personality traits appear more often in obese persons than one would expect in a population of those of normal

weight. So, for example, the group of obese persons we studied showed a higher incidence of anxiety and conflicts concerning eating and personal appearance. Noteworthy was the high percentage of depression. Of the 96 patients, more than half showed signs of slight depression on psychometric tests and in subjective reports. Only 3 patients were severely depressed.

Motivational Factors Playing a Role

Unlike private clinical practice where a patient comes for treatment on his own initiative, the patients taking part in this study were not self-motivated. They were selected at random, in the sense that 100 patients who were overweight were referred by the doctors of Iscor, whether they intended doing something about their overweight or not. In this manner, a large number of persons were included who were not interested in losing weight and who were therefore not motivated.

Of the 96 patients, 51 lost a significant amount of weight during the course of the project. However, only a follow-up study would show whether they can maintain this weight loss.

Secondly, the diet which the patients followed, enabled a gradual weight loss. The patients did not have hunger pangs while shedding their weight, but the motivational factor in losing a lot of weight quickly was excluded. Part of the diet instruction was the emphasis on healthier eating habits.

The patients were weighed every week, and this time was also used to encourage and motivate them, as well as to clear up prejudices and popular food fallacies.

One patient, who had lost about 15 kg, stopped losing weight for no obvious reason. In a conversation with him it turned out that his colleague was telling him he looked sick and old. This was the wishful thinking of a rather stout colleague who had failed to lose weight himself. Once this was pointed out to the patient, he resumed weight reduction.

It seems, therefore, that the successful treatment of obesity depends on various factors — the personality of the patient, the influence of the doctor treating him, the support he receives during treatment, and finally the diet itself. At this stage, however, we have not yet been able to determine which factors bear most relevance.

To end on a rather depressing note, namely that it is easier to lose the battle against obesity than to win it, Ancel Keys[7] says: 'Overeating in an abundant culture requires neither courage, skill, learning nor guile. Gluttony demands less energy than lust, less effort than avarice.'

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