

Psychological characteristics of people suffering from alimentary-constitutional obesity

Zebrin Yakov

Introduction

Actuality: In most economically developed countries of the world there is a tendency to increase the number of patients with eating disorders, accompanied by heavy disorders and causes a persistent psychosocial maladjustment (Krylov VI, 1995). Changing eating behavior is a type of pathological adaptation in the heart of food addiction, which is the socially acceptable view of the addictive behavior - decried, but not dangerous to others. Using excessive food intake as a means to escape from reality and the normalization of the emotional state, the addictive person "is making" new challenges in the form of alimentary-constitutional obesity, testifying to the spiritual troubles. However, characteristic for the clinical picture of the formation of alimentary-constitutional obesity relationship eating disorders and psychological characteristics of the person suffering from excess weight to date remains poorly understood (Powers PS et al, 1988, 1992;. Shapiro S., 1988).

Purpose

Identify the psychological characteristics of people who are obese.

Tasks:

1. Conduct Psychodiagnostics people with alimentary-constitutional obesity and normal weight as the control group.
2. Identify the psychological factors associated with the formation of obesity in overweight people.
3. Indications and to formulate recommendations for psychological assistance (psychotherapy) with obesity.

Hypothesis: People with alimentary-constitutional obesity is characterized by certain psychological characteristics: hypochondriacal, anxiety, withdrawal from reality.

Object: Psychological characteristics of people with alimentary-constitutional obesity.

Subject: Indications for psychotherapy of people with alimentary-constitutional obesity.

Materials and methods

1. The group of subjects with a BMI over 29 (10 women, age 22 to 45, the formation of specialized secondary to higher operating, applied for psychotherapeutic help to reduce weight)
2. A control group of subjects with a BMI less than 25 (10 women, age 22 to 45, the formation of specialized secondary to higher operating without suffering from overweight)
3. Psychodiagnostic method EPD (Karvasarsky BD, LI Wasserman Iovlev BV 1999.) MMRI (Minnesota Multiphasic Personality Inventory) to modify Berezin FB (Berezin FB, Miroshnikov MP, Rozhanets RV 1976)
4. Method of determining the body mass index of Quetelet (level of obesity). (Vardimiadi ND, Mashkov LG, 1988)

For the diagnosis of obesity and to determine its extent used body mass index (BMI, weight in kg / height in m²), which is not only a diagnostic criterion for obesity, but also an indicator of the relative risk of associated diseases. However, according to the recommendations of the international group on obesity WHO 1997 BMI are not for children with incomplete period of growth, people older than 65 years, athletes, for people with very developed muscles and pregnant women. Norma admits a BMI from 19 to 25. All that less than 19 is considered dystrophy, as regards a BMI of 25 to 27 - is overweight. BMI, which is already more than 27 recognized obesity, obesity so distinguished, depending on body weight:

1st degree (increase in mass in comparison with the "ideal" of more than 29%) BMI 27-29,5.

2nd degree (body mass excess of 30-49%) BMI 29,5-35;

3rd degree (excess body weight is equal to 50-99%) BMI 35-40;

4th degree (body mass excess of 100% or more) a BMI over 40.

Results

In the process of experimental psychological research contact was made generic psychological portrait of a man with a food addiction. Analysis of test results revealed a characteristic personality traits of patients with eating disorders, leading to the development of obesity of different severity: isolation, distrust, self-restraint, increased anxiety, the prevalence of negative emotions on the positive, sensitivity, desire to dominate, combined with self-doubt and excessive self-criticism, a tendency to easy occurrence of frustration, a high level of claims with the installation to achieve higher goals, gipersotsialnost plants, a tendency to "jam" on emotionally meaningful experiences ("affective rigidity"). For these patients, on the one hand, there was a "foreign" compensation of some features of the other, on the other hand - there is whipping up of internal tensions, as blocked behavioral and neurotic way of acting, and the internal conflict often channelized by psychosomatic variant, with all the difficulties postponed from interpersonal relationships to internal processes.

With increasing degree of obesity was noted an increase hypochondriacal tendencies, most pronounced in patients with 3 or 4 degrees of obesity, indicating their concerns about his medical condition. For patients with 4 degrees of obesity were characterized by distinct depressive symptoms were anhedonisticheskimi trends (subjective feeling of lack of pleasure in previously interesting activities, the growth of passivity). With an increase in body weight was observed reduction of social spontaneity and increase emotional lability, more pronounced in the transition from one level to another (from the 1st. To 2nd, And by 3rd. To 4th.), Indicating that the inclusion of additional displacement mechanisms, when displaced by anxiety not manifested at the behavioral level, and channelized according to an embodiment of the formation of psychosomatic "conditional enjoyments." Analysis of generalized psychological profile of MMPI test revealed signs of mental maladjustment associated with the lack of efficiency of existing protection mechanisms.

Thus, summing up the psychological characteristics of a person with a food addiction, we can talk about the person who in a situation of high emotional stress, using hyperalimentation as a compensatory source of positive emotions. Changing eating behavior is a type of pathological adaptation, and food addiction in general - the mechanism of escape from reality, manifested by a combination of eating disorders by type hyperalimentation with mental disorders and neurotic personality level, leading to the development of overweight or obesity of varying severity. Experimentally-psychological research reveals "parallelism and cohesion" of psychic and somatic symptoms and psychopathological disorders reveals an increase with increasing degree of obesity, and the degree of alimentary-constitutional obesity, in turn, reflects the degree of spiritual distress. Therefore, in the process of psychotherapy food addiction you need to identify and correct the personal characteristics that have contributed to the formation of

hyperalimentation as a form of response to psycho-emotional stress, as well as the formation of a more adequate mechanisms of mental adaptation and more constructive behavior in microsocium, more frequent use of adaptive variants matching the behavior of through the use of personal and environmental resources.

Conclusions

1. The comparative psychodiagnosis people with alimentary-constitutional obesity and people with normal weight as the control group.

1.1 People with obesity characterized by the following psychological characteristics: alexithymia; painful touchiness; suspicion; the tendency to react to the impact of emotions without the comprehension of the situation; inadequate emotional response to social contacts; internal tensions; difficulty in assessing the real situation and the general picture of the world; depressive tendencies; irritability and anxiety; senzitivnost increased, rigidity; violation of interpersonal relationships; tendency to isolation, secrecy; desire to impose on others the blame for the violation of interpersonal relationships and life's challenges; passivity; dependence on others; hypochondriacal condition with constantly depressed mood.

These trends are evident in 8 patients (80% of the subjects suffering from excess weight.)

1.2 When comparing the results of psychodiagnostics obese people and people with a normal weight, it was found that people suffering from obesity have high rates of 9, 0 MMPI scales as opposed to people who are overweight low reading on the scales 1,2, people with normal weight is increasingly characterized by personal characteristics such as independence; sociability; a tendency to grouping; demonstrative behavior, emotional brightness combined with the desire for self-realization; high activity; self-confidence; enthusiasm, artistic nature of the warehouse; a low level of anxiety; a sense of its importance; hyperthymic background; initiative; High self preserved, while only 20% of people with obesity are part of the data characteristics.

2. A person with obesity, in a situation of high emotional stress, using hyperalimentation as a compensatory source of positive emotions. Changing eating behavior is a type of pathological adaptation, and food addiction in general - the mechanism of escape from reality, manifested by a combination of eating disorders by type hyperalimentation with mental disorders and neurotic personality level, leading to the development of overweight or obesity of varying severity.

3. The indication for therapy in people with alimentary-constitutional obesity is a neurotic symptoms: a tendency to react to the impact of emotions without thinking about the situation, inadequacy of emotional response to social contacts, internal tensions, hypochondriacal state with constantly depressed mood, depressive tendencies. Recommendations to provide psychological support: Psychological assistance should be directed to: normalization of well-being and intrapersonal skills optimally, and to respond adequately to exogenous psycho-emotional stress; attitude to faith in the success and development of self-confidence; the sequence of the actions aimed at achieving results; production motivations for healthy eating; a clear statement of the formation and weight loss programs; rapid or gradual change in dietary habits (stereotypes); the formation of psychological defense in a situation of food temptation, or emotional stress.

In the process of comprehensive psychotherapeutic treatment uses different types of psychotherapy: rational, suggestive (Erickson hypnosis), student-oriented, Gestalt therapy, emotional stress, self-regulation, neuro-linguistic programming.

References

1. Alexander Y. Socio-stress disorders // Review of Psychiatry and Medical Psychology them. VM Spondylitis. - 1999. - №2. - C.5.
2. Baranov VG, Zaripov ZH, Tikhonova NE About diabetogenic role of obesity // Wedge. Medicine. - 1981. - №8. - S.22-25.
3. Belinsky VP Clinical characteristics of the food motivation in patients with alimentary obesity // Nutrition. - 1986. - № 6. - S.24-27.
4. Birch VY Factors nutrition and stress in the development of obesity (hygienic aspects) // Nutrition. - 1983. - №5. - S.9-13.
5. Berezin FB The psychic and psychophysiological human adaptation. L. : Nauka, 1988. - 270C.
6. FB Berezin, Miroshnikov MP, Rozhanets RV Methods multilateral study of personality (in clinical medicine and Mental Health) M. : Medicine, 1976. - 176s.
7. Berastau LA Endogenous morphine - a possible role in the pathogenesis of exogenous constitutional obesity // Therapeutic Archives. - 1983. - T.55, №10. - S.131-134.
8. Beyul EA Oleneva VA, VA Shaternikov Obesity. - M. : "Medicine", 1986. - 192s.
9. Beyul EA, Popov YP Fighting Obesity // Clinical medicine. - 1990 - 68 T, №8. - S.106-110.
10. Beyul EA, Popov YP Obesity as a social problem of the present. // Ter. Archive. - 1984; s.106-109