ANALYSIS OF BED PSYCHODYNAMICS – POSSIBILITY FOR PREVENTION OF OVERWEIGHT AND OBESITY

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Abstract - According to the 2016 World Health Organization (WHO) data, more than 1.9 billion people aged 18+ in the world are overweight (39% of the men and 40% of the women). That 340 million children aged 5 to 19 are overweight (18% of the girls and 19% of the boys) or obese (6% of the girls and 8% of the boys) is very alarming. 41 million children aged up to 5 years are also overweight. The problem of overweight and obesity has its medical, socio-economic and psychological dimensions. This release addresses and analyzes the psychological and behavioral factors of binge eating disorder (BED) – a disorder (under DSM-IV) which, in many cases, leads to overweight and obesity. Eating disorders are mental disorders defined by abnormal eating habits that negatively affect a person's physical or mental health. They include BED where people eat a large amount in a short period of time. The 2017 update to the American version of the ICD-10 includes BED under F50.81: Binge eating disorder. Retrieved 2017-05-08 ICD-11 may contain a dedicated entry (6B62), defining BED as frequent, recurrent episodes of binge eating (once a week or more over a period of several months) which are not regularly followed by inappropriate compensatory behaviors aimed at preventing weight gain. We present the results of the experimental clinical psychological studies performed that outline some mental dynamics of the character structures as precursors to the development of BED. The analyses and psychological models and dynamics presented here possess both theoretical and practical value. They can serve as a guideline to specialists in the development of a psychotherapeutic treatment plan for BED, as well as in the development of prophylactic programs for prevention.

Keywords - Binge Eating Disorder (BED), Psychological Dynamics, Character Structure, Neo-Reichian Analytical Body Psychotherapy.

I. INTRODUCTION

Data from epidemiological studies show that the number of people suffering from overweight and obesity increases, reaching epidemiological proportions. Europe has the second highest proportion of overweight or obese people after that of North and South America, with Europe and both Americas accounting for more than 58%. The share of Africa and Southeast Asia is significantly smaller. But there are dangerous trends there, too – in Africa the number of overweight children under 5 years of age has increased by almost 50% between 2000 and 2016, and almost half of the children under 5 who are overweight or obese in 2016 live in Asia. The WHO estimates that in 2020 13% of men and 14% of women in Bulgaria will be obese [12].

The social importance of overweight and obesity is predetermined by the health risks they present. Obesity is a leading etiological factor in the pathogenesis of a huge number of diseases that affect the economically active population of the planet and lead to disability and loss of earning capacity. It is a high-risk factor for diseases such as: arterial hypertension, dyslipidemia, type 2 diabetes, sleep apnea, cardiovascular diseases, cancer, osteoarthritis, etc. The link between overweight, obesity and premature mortality has been proven beyond doubt. According to official data, some 7% of the total health costs of some developed countries are intended to treat the effects of obesity [8].

There is a widespread manifestation of the chaotic approach to food. There are various theories about the etiology of eating disorders in humans, as well as various effective therapeutic methods and good prevention and treatment practices.

In this release we will summarize our observations and analysis of our experience of long-standing work and psychotherapy for people with BED. The examination of the problem from the perspective of psychological science and psychotherapeutic practice define some specific features in the personality structuring of people with food disorder. We assume that BED is manifested as a somatic response to complex psychic crises and peculiarities of the person's personality and that food and eating have a symbolic meaning in the development of eating disorders [1], [5].

II. PURPOSE, TASKS, METHODS OF STUDY AND CONTINGENT

Purpose: to conduct our own clinical observation of patients with BED and to analyze the psychological and behavioral factors involved in the manifestation and development of BED through the prism of Neo-Reichian analytic body psychotherapy.

Tasks: to examine and analyze the relationship between the eating disorder and the well-established habits and attitudes towards food during the first years of life in the context of Neo-Reichian analytical psychotherapy and character structures.

Methods of study and contingent: clinical observation and psychotherapy (Neo-Reichian model) of 53 persons (37 women and 16 men) aged 15-54 years with BED. The respondents did not have a diagnosed disease of a metabolic or endocrinological nature at the time of the study.

III. NEO-REICHIAN ANALYTICAL BODY PSYCHOTHERAPY AND CHARACTER STRUCTURE

Neo-Reichian analytical body psychotherapy evolves in the context of body-oriented psychoanalysis. It is based on the ideas and practice of the fathers of bioenergetic therapy Wilhelm Reich and Alexander Lowen. The idea of the unity of soul and body is central here. We assume that psychic experiences have their own record, their registration at different points in the organism (body), and this is manifested through a variety of symptoms.

Body psychotherapy leads to what is called "body experience" of hidden emotions and feelings. The modern man does not seem to attach the necessary importance to the relationship and interdependence between emotions, body, psyche, health. In our view, an eating disorder is usually a disorder that develops between the soul and the body, and one that leaves the body to express it to a much greater extent than the word can. We assume that one's diet and attitude toward food is, to a great extent, a reflection of the emotional needs and mental state of that person.

Emotions and feelings are born in the body, and people with problematic eating tend to have strong resistance to their expression, as well as fear of physical contact and proximity, which is directly related to the lack of confidence in themselves and in others. This absence gives rise to fears and denial of full communication, and can be transferred to the attitude towards food. As a substitute for the other, food becomes an object of love – it is something that can be controlled and remain true. All the peculiarities that characterize the unhealthy relationship with the other and all the relations with the outside world are transferred to the relationship with food.

In the therapeutic process the body is used as an ally, and through various experience trials, accompanied by a profound analysis, one is able to overcome one's fears and resistances to sense and feel, as well as to express those senses and feelings in a way relevant to the unambiguous here-and-now reality. One thus gradually learns to recognize one's own needs and to use the appropriate behavior to achieve their satisfaction in a full and efficient interaction with the other. Thus, slowly and gradually, one can no longer illogically use food as a substitute for the other.

The character structure of the client is important to Neo-Reichian psychotherapy. Our analysis is closely related to the observation of the different characters (W. Reich) that have a distinctive individuality of manifestation and a specific impact on behavior. We assume the unconscious element in the process of character formation (as opposed to the personality that is a deliberately chosen behavior). The age range for its formation is up to 7-8 years of age. The character is predetermined by the traumatic situations and events experienced by the self immediately after birth and during childhood [1].

The evolutionary phases in which the different characters are formed are as follows:

- **Phase One –** Narcissistic, from 0 to 4 months; the character that is formed during this phase – schizoid;
- **Phase Two –** Sensory, from 4 to 12 months; the character that is formed during this phase – oral;
- **Phase Three** – Phase of the self, from 1 to 2 years; the character that is formed during this phase – sadomasochistic;
- **Phase Four** – Rivalry phase, from 2 to 5 years; the character that is formed during this phase – psychopathic;
- **Phase Five** – Sexual phase, from 4 to 8 years; the character that is formed during this phase – rigid.

IV. RESULTS

The onset of an eating disorder is a response to various stimuli and events in the life of the affected person. In the course of the study the predisposing, provoking and disease-promoting factors were singled out. In some of the subjects, the eating disorder was provoked by several factors.

For the purpose of this report, we present the results of the psychological diagnosis. Specific psychic dynamics are emerging, provoking abnormal eating behavior, serving as a compensatory (in most cases unconscious) mechanism for fulfilling different needs.

4.1. Personality predisposition

Psychological dynamics of BED depending on the type of character structure (according to the Neo-Reichian theory of evolutionary development and character formation): psychodynamically, overeating and increased calorie intake is explained as protection from negative, depressive emotions and fear. A single type of personality of obese people cannot be identified. The feeling that accompanies the binging or the usual eating from the perspective of the depth mechanics of this sensation can be compared and associated with the embrace of a warm, accepting and feeding mother. Most of the subjects surveyed (46 people) did not have a partner or had serious difficulties in their intimate relationships. In this case, the statement "no one loves me" is the equivalent of "I am not capable of love".

Specific psychological and behavioral factors in the five types of character:

- **BED in subjects with a dominant schizoid character.** The tension related to the issues that are inherent in a person's relationship with the other (other people) is updated. Namely, such a person has difficulties allowing physicality and proximity. These people exhibit traits of internal tension, apathy, darkness, in some part – signs of escaping in solitude, isolation. There is a displacement of the subject of love to food as a way of filling an existential emptiness. In some cases, discontent or aggression from external objects is projected onto food. "Aggressor destruction" begins by aggressive unloading onto the food.
- **BED in subjects with a dominant oral character.** In the oral character, the relationship to food is of a manic type: total or partial deprivation of food immediately provokes a situation of anxiety, fear and anger that are related to the inherent personal trauma – fear of abandonment. To overcome the fear of abandonment, the self is projected onto the food to substitute the relationship with the other – absorbing the food, it becomes part of the person, stays in him or her, and does not abandon him or her. "I lock up forever the subject who abandoned me, I make him or her part of me and thus I will never be alone again!" In some cases, there is a regressive equating of the meaning of love with eating – the person comforts himself or herself for the absence of love for oneself.
- **BED in subjects with a dominant sadomasochistic nature.** In the case of obesity of the sadomasochistic nature, the dynamics are based on a clash between the pursuit of individuality and the introjected censorship (inhibitions). This clash builds up a powerful tension. It finds an outlet in compulsive behaviors which in this case are directed to food. These people feel imperfect, vulnerable, and irrelevant; overeating leads to a decrease in activity, and as a result, excess weight gives some protection against the deep sense of inadequacy. The relationship with food is an expression of the illusion and desire of the self for leadership over others. The overweight person becomes massive and impressive, looks strong and secure.
- **BED in subjects with a dominant psychopathic nature.** The person with such a dynamic can be recognized as pretending to be good and joyful – behaviors that replace the seductiveness of a sexual type which is inherent to his or her nature. In this way, such people mask their loneliness. The problem that leads to systemic overeating and obesity is caused precisely by the failure to attract a partner and is a consequence of introjection. The dependence on such a partner is manifested in the unconscious background, but now as a projection onto the food.
- **BED in subjects with a dominant rigid character.** The people with a rigid character are afraid to indulge in their own impulses and desires. Their main characteristics are doubt, mistrust and inability to relax. The self of such person is anxious and strenuous, because the fear of castration/penetration is deeply rooted in him or her. The cause of obesity here is characterized by obsessiveness and hysteria. The self shifts its affectivity to food – away from the object of its original conflict (sexuality).

In summary, we can conclude that this type of eating disorder symbolizes the unconscious desire to fuse the self with the other in all the character dynamics. The object of love is "absorbed" by the self, but this fails to satisfy it, it is not enough for it, because the hunger for love has become insatiable.

4.2. Harmful behavioral responses to daily stress and stress through overeating

In frustrating or difficult situations, eating and overeating can become tension regulators. Food is used to strengthen ties, to feel safe, to reduce pain or feelings of loss and disappointment (as in a child who remembers from childhood that, when in pain, or in cases of painful loss, he or she was given sweets and chocolate as a consolation). This childhood experience leads to an unconscious form of psychosomatic reaction.

The sphere of interpersonal relations is particularly problematic in obese patients (significant frequency of stress in personal and family relationships). They show increased sensitivity in relationships and interpersonal conflicts. Increased personality anxiety is present, which is considered as a basic psychic quality, predisposing to an over-emotional response to stress. Situational reactive anxiety reaches a degree of expression at the neurotic level.

Among the causes and events leading to excessive eating are: frustration or loss of the object of love, partner's death, separation from a sexual partner, leaving the parents' home, loss of a loved one – all this may increase or decrease appetite (e.g. children often react with increased appetite to the birth of a baby in the family). Suppression of anger, fear of loneliness, and a sense of emptiness can become reasons for impulsive eating. Situations that require increased activity, increased stress – such as exam preparation, heavy workload, high demands – awaken in people an oral need, resulting in excessive eating, drinking, etc.

In all these situations, food is used as a substitute pleasure and stress relieving means.

4.3. Unhealthy eating habits formed from an early age; environmental influences, others

Feeding children turns out to be the only possible means of expressing benevolence towards them,

which parents are unable to display through conversations, touch, games. Food is a substitute for the lack of concern, or an expression of hyperprotectiveness, over-attachment, over-caring.

CONCLUSIONS

In all the situations and relations examined, food assumes the meaning of substitute pleasure, stress relieving means, virtual communication and love. The causes of eating disorders in each of the subjects are strictly individual. The psychic dynamics presented are likely to provoke a vulnerable person into a disturbed eating behavior that is used as a form of protection and means of situational coping.

The presented analyses and psychological models and dynamics have theoretical and practical value. They can serve specialists as a guide to the development of a psychotherapeutic treatment plan for BED. They can also be used to develop preventive programs to build a culture of eating for medical and consultative offices, parents' schools and kindergartens. The emphasis we place is for psychologists, social medics, pedagogues and parents to collaborate in forming a health culture and awareness in terms of educating the right eating habits and behaviors, attitude towards food; to build a relationship between the child and the parents based on love, attention, trust, quality time for communication and understanding; to build a strong connection with ourselves and our true nature.

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