

PSYCHODYNAMICS OF OBESITY

To the Editor: The Nov/Dec 2005 issue of *CME* on weight control refers.

The omission of the psychodynamics of obesity in this complex matter must not be buried. It is not simply important but essential to approach this aspect if any long-term success is to be achieved in reducing morbidity and the costs to the industry and state. This letter will contribute to a grey area.

The aphorism 'you are what you eat' represents the superficiality of the modern approach. The real truth is 'you are what you think and you eat what you subconsciously think!' Obesity is survival.

Whatever genetic component there may or may not be, no one becomes obese until the behaviour of eating more than physiological needs are learned. The only escapees from this truth are perhaps people with rare pathologies such as Cushing's disease and even here, there is an emotional component. The very use of phentermine, rimonabant, sibutramine and so on points to the psychoneuroimmunological nature of obesity — they are all psychoactive drugs! A careful history will usually reveal a pre-existing anxiety-depression with its attendant poor self-esteem. Obesity aggravates this rather than being a primary cause for depression, as is inferred.

The warnings of diseases-to-come expose the obese patient to survival threat: 'Lose the weight or die from the consequences'. The role of the subconscious mind is not even considered although it affects every physiological process!

Modern medicine is still based on genetics and biochemistry, ignoring the high probability that obesity is the subconscious mind's mechanism to provide a 'proof of life' against a past survival threat. Since that threat is not remembered consciously and the patient was unable to delete the threat at that time, the subconscious will remorselessly continue to promote the symptom or behaviour in the interests of survival of that particular event. Against all logic, when a threat is present or perceived to still be present, the emotional voltage wins the battle: emotion is far stronger than logic! This forms a very powerful compulsion indeed, for survival is paramount.

The real causative events are usually found early in life: the hostile womb, the death threat by suffocation during the birth and separation from love after birth. In such circumstances of an acceptance of spiritual or physical death, a symptom with a lesser survival impact must be provided. There are individuals who in a hostile womb become *bigger* — the perception is 'size equals strength' and increases survivability. The first feed

postnatally is related to the loving presence of the mother after the hypoxic journey through the birth canal: the association becomes *food equals love equals survival*.

Many post-hypnotic suggestions are provided unwittingly to children when they are ill: 'You *must* eat because you're ill' — the message heard by the child is 'eat or die'. 'Eat it all up, there's a good boy or girl'. The message is 'I will be accepted only if I clean my plate'. Food becomes the language of love! Doctors and nurses are notorious for giving a child a sweet after an injection or some uncomfortable procedure. The reward is food.

Some children become obese as a deliberate subconscious ploy to look ugly and unattractive — common in cases of sexual abuse. Abuse often results in ugliness because the victims believe themselves to be ugly and guilty. Ugliness is an appropriate punishment since it was both the spirit and body that were abused. I had a 13-year-old patient who after therapy waited 9 months before losing weight hand-over-fist: her subconscious needed to know she was not pregnant as the result of abuse by her brother.

The first three letters of the word 'diet' reads 'die'. Since obesity is the proof of life, the subconscious will vigorously defend itself from this threat. This is the reason why ex-smokers gain weight: 'If I can't breathe through a cigarette, I will eat more' — food is a lesser imperative than oxygen. It is amusing that professionals change the word 'dieting' to 'eating plan' or 'healthy diet'. We are not fooling the patient's subconscious. Diets are by and large useless.

Once a patient is aware of the causative faulty beliefs and has deleted them, it becomes a far easier, more comfortable journey to an acceptable weight. Patients are trained to recognise the true physiological hunger feeling. This is the only time they eat, and they can eat anything. However, keeping in tune with that hunger sensation, the moment it is gone, or there is doubt it is there — they cease eating, even if they're having dinner with Madiba: not another morsel until they are hungry again. This behavioural re-training approach is very successful in conjunction with exercise after medical hypnoanalysis has assisted in resolving the real cause.

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