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Cardiac Risk Marker Obesity and Psychological Background

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ABSTRACT

The psychopathology of appetite excess reveals that there are several causes of obesity; even essential obesity, constitutional obesity or obesity due to metabolic error present a plurality of factors, which makes it more difficult to understand. However, our clinical experience highlights the capital importance of prophylactic medicine. We believe, therefore, that it is essential to adopt combined treatment: psychotherapy, endocrinology, physiotherapy, nutrition and social assistance. It is evident that in certain obese people, exercise increases polyphagia and in others it burns more calories. In the latter type, physical exercise should be prescribed. The psychotherapist with analytical training should be in a neutral position to receive both the good and the bad from the patient, but should always return the good, to enhance the individual's security and so that he does not use somatizations. The treatment of obesity would therefore be eclectic and, mainly, prophylactic, avoiding in the family the maladjustments of the parents that can traumatize the individual during the periods of molding. In this way, emotional confusions that cause excess appetite would be avoided. Psychoanalysis or psychoanalytic group psychotherapy and the associated diet are, nowadays, the greatest weapons available to combat this social evil, because the obese person is the victim of sarcastic and jocular attitudes, which causes disgust and unhappiness.

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Introduction

This article aims primarily on the psychological basis for the great part of obesity patients. Nevertheless, this main aspect is of great importance for medical reasons. The continuous growing of the obesity pandemic introduced a great bulk of disease beyond the classical well recognized metabolic, orthopedic, psychological, and cardiovascular consequences of obesity. Beside these, although in some ways linked to, is the impact of obesity in the kidney, usually silent during the years before producing relevant damage with clinical expressivity [1-3].

The excess or lack of appetite, although innate, also depends, in the first months of life, on the baby's contact with the mother: this is the first period of molding. However, the feeling of being satiated is not innate and will depend on education [4]. Bruch is of the opinion that the genetic factor is influenced by the environment. The newborn is no longer the blank slate of the homunculus: the child can learn, over certain periods of time. As far as appetite is concerned, he learns from the moment of birth [5].

There are two types of appetite: Hunger for food and hunger for what food symbolizes or represents (affection). It is in the latter case that insatiability becomes important, as such conditions depend on the first relationship with the mother. This, not being able to recognize the child's crying - when it is motivated by hunger, the need for affection or because the child is dirty, wet, hot, etc. - can induce disorganization in the baby in relation to appetite. Hence the importance of the efficacy of psychotherapy for the obese: the therapist must know how to distinguish the various types of anguish of the patient - related, or not, to food. We believe in innate hunger, as Freud described, but environmental factors can potentiate the instinctive condition [6].

To better understand the importance of instincts and the complexity of their functioning, the hunger instinct may serve as a good example for the paranoid schizoposition of Klein et al. [7]. We know that hunger, and subsequent hypoglycemia, produces malaise that, in certain people, leads to anguish and hostile irritability. We also know that in the schizoid phase of lactation, the child is fragmented and when hunger does not predominate, in relation to the other instinctive needs, it becomes weak and disintegrates, by concentrating all defense efforts, on breast sucking.

The individual is born with a greater or lesser appetite, depending on his constitution: whether mesomorphic or ectomorphic. The schizophrenic improves with insulin therapy, because the hypoglycemia produced by insulin revives the hunger instinct, which leads to the aggregation of the fragmented personality, which allows him to leave the schizoid position and enter, through regression, the paranoid phase. In the schizophrenic, the provocation of the hunger instinct and the effort to satisfy it are like partial instincts, that is, the effective burdens of hunger

produce the reintegration of the personality [8].

Breast sucking is the first way for the individual to express love. If the breast frustrates, then anxiety arises due to the danger of dealing with the breast, and then, by reprisal, with the whole mother. In the schizoid state, the trauma, in the first oral period of sucking, leads to a reaction that follows the idea that the child's love, and his libidinous need directed to the object of this love - the mother's breast - are evil and destructive, which leads him to be afraid of loving, because love starts to be felt as destructive.

The trauma, in the second oral period, would trigger in the child the idea that he is not loved, because his hatred is bad and destructive; this can lead him to the anguish of loving, for fear of hating, because love is contaminated by hatred. Such states form the basis of future obesity; this would then be a direct manifestation of child dependence. As we ascend the phylogenetic scale, instincts are inhibited and submit, more and more, to the demands of culture as a system of adaptation.

At first glance, a hungry individual would be happy for the rest of his life if he had his livelihood guaranteed. There is, therefore, a hierarchy of instinct of relative predominance. Satisfaction is, in the theory of motivation, a concept as decisive as deprivation, because it frees the organism from physiological needs. If physiological needs are satisfied, such as security, for example, then the need for love, affection or possession arises - and if these psychological needs are not satisfied, the individual becomes frustrated and maladjusted, and may exhibit neurotic behavior.

Depression, anxiety and other emotions therefore play an important part in the pathogenesis of obesity. The obese patient, most of the time, does not adequately recognize his own satiety and does not have "fiber" - he has little initiative - when confronted with new situations, such as, for example, in the diet, at school, at work or in society. The mother-infant interaction model is, therefore, of capital importance in the formation of personality.

The continuous interaction between the child and the food is accompanied by indelible emotional/affective experiences. The individual deficiency of the feeling of separation places the ego in front of diffuse limits, hence the tendency of the obese to be communicative and sociable, despite both being forced and suffering. The mother contributes a lot to the formation of a "hunger engram". If he excessively values food or overrequests it, making food a symbol of pleasure or displeasure, of security or insecurity - in short, of a bad or good object - he will confuse the values of the child and then of the adult; experiences, right or wrong, are encoded in the brain.

Bruch, studying 40 obese children in New York, drew attention to the importance of psychological factors in obesity, such as maternal overprotection and non-rejection of this overprotection; or the child's ambivalence to this situation, in addition to the experiences that these children had when relating food to social activities, emotional frustrations (children insufficiently breastfed or bottle-fed) and unhappy parents. The author also drew attention to a rejected child who suffers from bulimia, when the act of eating would be a kind of compensation award [9].

To Test Bruch's Work, Four Danish Researchers did the Same Study on Several Groups of Children and Came to the Following Conclusion

Iversen selected 40 obese children aged 4 to 14 years and gave them a psychiatric examination and submitted a survey to their parents. He concluded that the psychogenic factor could certainly be established in 16 of them - and in 13 of them obesity had set in after the age of three. In the others, the existence of the psychogenic factor was doubtful. In 20 cases, she found maternal overprotection accepted by the children. He concluded that psychogenic factors superimposed on constitutional factors are important in the etiology of obesity [10].

Juel-Nielsen, studying 61 obese children in the light of Bruch's work, was unable to prove the characteristic lack of social and psychological care of the environment, nor the characteristic of maternal overprotection; he thought that the habit of overeating in the family, associated with muscle inactivity, would be the capital factors in the genesis of obesity. However, in an individual study, he noted that, of these 61 cases, nine were typically psychogenic obesity and 12 were doubtful [11]. Both authors did not conduct a control study and did not use the resource of psychic analysis, which made it difficult to interpret them exactly.

Quaade, in a study of 2,262 children, found that 6% of them were obese. According to this author, obesity could be produced by psychological factors, which decided the child's attitude towards the environment in the act of acquiring food. Quaade understands, however, that the most important factor would be the family's eating habits [12].

Finally, Tolstrup studied 40 obese and non-obese children from Bruch's point of view. He found that obese people ate more and had less muscle activity. He observed that in seven of them, the etiology was psychological; in 11, the psychogenic basis was likely; in the remaining 22 there was no psychological problem and she could also notice the influence of the family's eating habits (excess carbohydrates). He concluded that the etiology of obesity includes several factors, including psychological ones; but within the cases studied, the etiology would be a tradition of eating habits [13]. The greatest criticism that can be made of the work of the Danes is that they did not use psychoanalysis for a deeper study of the complexes and feelings of obese children. However, the conclusion that 25.6% of obese children had pure psychogenic factors as their etiology reveals a high percentage for a study like this, which highlights the importance of the psyche in the process. Some people gain weight after going through a period of nervous tension that may have originated thanks to various reasons.

Excess Food Intake is Due to the Following Factors

Anxiety Bulimia

Certain people can't lose weight not only because of a lack of willpower or exaggerated appetite, but because anorexic drugs cause them great nervous excitement. Excess appetite often reflects psychic dissatisfaction: when the baby cries, for example, it is because he feels bad, but when he eats, he starts to feel good. Once an adult, this individual, in the face of any annoyance or nervous tension, will eat to feel good just as he did as a baby. In "Bionian" language, he introjects the good object to combat the discomfort caused by the "non-breast". However, he often eats food motivated by his fantasies - the bad breast - which will cause him greater dissatisfaction than hunger itself [14]. Certain obese people, consciously or unconsciously, find in food a way to dampen their emotions.

Bulimia as a Defense a Substitute for Love

Food can be, in addition to a substitute for love, an expression of love, as when we say "so-and-so is a grape" or "so-and-so is a

coconut candy". It can also be an expression of discontent: "so-and-so is a pineapple". It is common to happen that, in a social visit, if coffee with cake and an appetizer are not served, the idea remains that the visit was not received with affection. The mother who, referring to food, says: "you will be stronger if you eat right", will be helping to fix in the food the future emotional problems related to the safety of this individual.

There are cases in which for the woman, food represented a substitute for affection, for example, a sporty husband who spent most of his time away from home and she was not distracted. Eating for her meant feeding on love, but it also meant assaulting her husband, who hated an obese woman.

On the other hand, food can mean security, as in the case of a religious patient who had been raised in poverty and whose food could not be wasted. She then ate everything they put on her plate without leaving crumbs, because wasting food would be a "sin". Neurotic mothers stress the importance of food too much: they want their children to eat everything they put on their plates in order to protect them against diseases. It may happen that the individual raised in these conditions, when he has a financial loss or strong annoyance, stops eating, not only due to lack of appetite or lack of pleasure in living, but also due to lack of (maternal) protection. The opposite fact, as already mentioned, may also occur, that is, eating too much to protect yourself. The satisfaction of appetite is beyond pleasure: it is a symbol of security. An adult who does not find satisfaction in life rejects the intense desire for affection directed at others and takes refuge in the primary guidelines of conduct: oral dissatisfaction. Greater difficulty in carrying out the regimen is observed in obese women raised by unaffectionate mothers.

Bulimia by Self-Harm

It is at mealtime that the family gathers; it is at this moment that individual, domestic, religious, social problems, etc., are discussed, and it is at this moment that food becomes related to the reason for the discussion. There may be an overlapping of images, when, for example, an extremely unpleasant subject is discussed while a shrimp pie is served: later, when this dish is related to that particular subject, it will cease to be appetizing.

Bulimia Due to Aggressiveness

We have observed that certain individuals gain weight to attack others, such as mother, father, husband, wife, etc. It would be a subtle form of predominance of the death instinct. According to psychoanalytic experience, most obese people have intertwined causes for their problems, such as relieving the anxiety of self-destruction motivated by guilty feelings. It is in this case that obesity by aggression is not only to attack another, but also oneself [15].

In certain cases, the difficulty in carrying out the diet comes from the fact that the husband does not like a thin woman. In this case, the wife's obesity would be a means for the husband to protect himself from an adulterous wife. It is, therefore, insecurity motivated by an inferiority complex.

There are obese people, who abjure their adiposity so much that they even dream of a rusty platform or a rotten stick, which would have the meaning of aging and "self-despair". Others love food so much that in dreams they partake of high delicacies. There are fat individuals, who only live to eat and sleep, such as breastfeeding women, similar to Joe Dickens from "The Adventures of Pickwick" or Sancho Panza from Cervantes.

As for the Factors that Act on Obese People we could Highlight

Genetic predominance; exaltation of passivity and overvaluation of oral habits by family groups; little willingness to exercise; overprotected child; absent or weak father. In such conditions, there is fixation in the oral phase and consequent hypotrophy of the anal and genital phases; unconscious conflicts due to the internalization of evil-objects [16].

Another form, but more serious, of thanatism can be found in the obese who, with diabetes mellitus, perform the treatment poorly, that is, they do not maintain the diet correctly, often because they think that they can replace it with hypoglycemic agents, but end up with atherosclerosis, hypertension and subject to vascular accidents.

We must relate the diabetic patient to the obese patient, in the psychological sense, not only because of the higher incidence of diabetes in obese individuals and the genetic predisposition in both, but mainly because they react to psychological traumas, conscious or unconscious, in the same way, that is, through bulimia - or rather, because of the greater excitability of the nuclei or ventromedian of the hypothalamus. Individuals may react differently to the same traumas. In general, obese or diabetic people have traumas from the oral phase, which is why any emotion, good or bad, makes them ingest something. Oral satisfaction for the gastronome is so important that it constitutes a special diversion, equal to any other type of event. The diabetic is sometimes a gastronome of constant habit; like the obese, he is a child: he lies, steals, "makes ugly" and becomes selfish, all to satisfy his appetite. If education does not allow it, he behaves like a gentleman or a lady in society, and then, at home, opens the refrigerator or the pantry cabinet and devours sweets and food, overcompensating for what he could not do in front of relatives, the controllers and supervisors of his disease.

The difficulty of dietary treatment, both in diabetics and obese people, lies in the lack of willpower and the ability to lie to the doctor, when claiming to have executed the prescribed diet exactly - they lie unconsciously.

The Psychopathology of Appetite Excess reveals that there are Several Causes of Obesity

Even essential obesity, constitutional obesity or obesity due to metabolic error present a plurality of factors, which makes it more difficult to understand.

However, our clinical experience highlights the capital importance of prophylactic medicine. The individual, even before getting married, must re-educate himself, both physically and psychically. We believe, therefore, that it is essential to adopt combined treatment: psychotherapy, endocrinology, physiotherapy, nutrition and social assistance.

It is evident that in certain obese people, exercise increases polyphagia and in others it burns more calories. In the latter type, physical exercise should be prescribed. Certain individuals have a type of obesity called hydrophilic, with alteration of the antidiuretic hormone. In general, obese individuals retain less water, because the water content in adipose tissues is lower, in percentage, than the fat tissue content of the normal individual [17].

The Psychotherapist Should Never be "Impatient with the Patient" when he Abandons the Diet, even in the Case of a Child

He should guide the family, emphasizing the need for the regime ("what the eyes do not see, the mouth does not feel"). The psychotherapist with analytical training should be in a neutral position to receive both the good and the bad from the patient, but should always return the good, to enhance the individual's security and so that he does not use somatizations.

The treatment of obesity would therefore be eclectic and, mainly, prophylactic, avoiding in the family the maladjustments of the parents that can traumatize the individual during the periods of molding. In this way, emotional confusions that cause excess appetite would be avoided. Psychoanalysis or psychoanalytic group psychotherapy and the associated diet (by another specialist) are, nowadays, the greatest weapons available to combat this social evil, because the obese person is the victim of sarcastic and jocular attitudes, which causes disgust and unhappiness.

The patient ends up realizing that nature has made us different - that each one has a defect or a maladjustment. The obese, in turn, was born with this constitution; but because it is a characteristic that can be reversed, he should console himself. Most of them can, once normalized their weight, "abuse" two and even three times a week - or on birthdays or parties, which is already a great thing. Patients also learn about the consequences of obesity, such as heart failure, hypertension and inferiority complex, which may help the individual to perform the regimen.

Group analytical psychotherapy is recommended, twice a week, associated with weekly individual analysis. It is a long-term process, but it will not only help the patient to lose weight, but to mature his personality, giving him back happiness at home, in society and at work.

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In memoriam: Luiz Miller de Paiva.

Conflict of Interest

None.

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