AN ATTEMPT AT WEIGHT CONTROL THROUGH GROUP PSYCHOTHERAPY

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It has long been recognized that obesity is an important factor, if not a predisposing one, in many somatic breakdowns. Kidney ailments, circulatory disorders, heart disease and disturbances in other functions of the body are known to be much more prevalent among overweight people than among people who maintain an optimum weight. Obesity, in itself, has been regarded by many as a medical problem, and many attempts have been made to overcome the problem by diets, drugs, exercises, etc.

In the more recent past, attention has been focused upon psychological factors as possible causative agents. Attempts have been made to determine whether or not obesity is connected with a particular personality configuration (2, 5, 6), and Kotkov sees the problem of the overweight individual as that of restricting aggression. He suggests that overweight people are projecting their fantasies of aggression and hostility onto others and that overeating, the symptom chosen, "stands as a security against terrific guilt" (4). Others have been less specific in analyzing the psychological mechanisms but have attributed potency to them (1, 3).

The Program

The program described in this paper was undertaken in an attempt to use weight control as a prophylactic against somatic breakdown. It was sponsored by the Mercer County, New Jersey, Heart Association in order to sensitize local physicians to the importance of psychological factors in heart diseases, and to help the participants in the program.

As an initial step, widespread publicity was directed both to the general public and to physicians, announcing the organization of psychotherapeutic groups for weight control. It was made clear that no individual would be accepted without a request from his physician. Those patients who referred themselves invariably brought a physician's certificate with them.

The program was conducted over a period of 30 weeks during the winter of 1955 to 1956. Before admission, each patient was interviewed individually by the writer who was also the group psycho-

therapist. During this interview background information was elicited, and in every case the group situation was structured for the prospective participant. The number of sessions he wanted to attend was left to his discretion. Fifty interviews were held, 39 with women and 11 with men.

Groups of eight individuals each were organized for men and women separately. One group of eight men was formed, while three men had to be left unaccommodated. All 39 women, however, could be accommodated in three groups since the composition and number of women in each group kept varying, some dropping out after one or more sessions while new members were added.

Of the 47 individuals who were assigned to groups, five failed to come to any session. Thus only 42 individuals participated in the four groups. The range of attendance was from 1 to 24 sessions, as shown in Table 1.

TABLE. 1. FREQUENCY OF GROUP ATTENDANCE

Number of sessions	Number who attended
1 - 3	20
4 - 6	9
7 - 9	5
10 - 12	2
13 - 15	1
16 - 18	1
19 - 21	2
22 - 24	2
Total	42

RESULTS AND DISCUSSION

General weight control. The mean weight loss for all participants was only 3.8 pounds, ranging from a gain of 14 pounds to a loss of 28 pounds. The gain of 14 pounds was made by a man who attended only two sessions; the loss of 28 pounds, by a woman who attended ten sessions. There was no general correlation between number of sessions attended and amount of weight lost.

Our experience confirms some previously reported results which indicated that "no amazing overall weight loss occurred" (4). Since the participants ranged in overweight from 25 to 150 pounds, a mean weight loss of somewhat under 4 pounds is relatively insignificant. It

seems, therefore, fairly clear that, from a standpoint of prophylaxis of heart disease, the program failed to achieve its purpose.

A possible reason for the failure may be the changing composition of the groups. This may have prevented a feeling of group solidarity from developing, which, in turn, may have adversely affected the morale of the participants. In other groups, where successful results are reported, the composition of the group remained constant from session to session and, in addition, a terminal date for the group was always announced in advance. The fact that our groups had no definite terminal date may have contributed to a lack of structuring for the participants.

Individual successes and failures in weight control. After they had stopped coming to the group sessions, many of the participants were again interviewed. From this the following impressions were gained. Those individuals were successful in weight control who used the group as support for their own strong desire to lose weight. Those, on the other hand, who came to the group expecting that the group would perform some magic for them, and that they themselves would have to do little or nothing to control their weight, more frequently failed to lose any weight or lost only an insignificant number of pounds. Thus it appears that the individual participant's own attitude towards weight loss is the most important factor in determining whether or not he will lose weight, and it may well be that the respective changes in weight might have taken their course without participation in group therapy.

Secondary benefits. The chief topic of discussion in most of the group sessions was weight. Since the composition of the groups varied frequently, this was always a fresh topic of discussion for the newcomers.

But other matters were also discussed, such as fears and anxieties especially about health and one's marriage partner, feelings of hostility, sex, feelings of inferiority, and feelings of inadequacy. Through such discussions, it is felt, the program had some secondary benefits, which were of primary importance to the individuals concerned. Particularly for many of the women participants, attendance at the group sessions served as an outlet for pent-up feelings of dissatisfaction and frustration which could be aired, and sometimes were abreacted, in the permissive atmosphere which prevailed, and among people who were very empathetic.

The drop-outs. Those who dropped out of the group after three, or fewer, sessions, gave as the most frequent reason that the group did not do for them what they had expected. For the most part, they had expected that group psychotherapy was some magical form of treatment which would leave them free to continue their pattern of overeating while at the same time bringing about a loss of weight. On a deeper level, we may note that the participants themselves frequently mentioned not only feelings of inferiority as motivating factors in overeating but also what they called "boredom." If we interpret (over-interpret?) boredom as an indication of anxiety, we might venture the hypothesis that overeating serves not only as compensation for feelings of inferiority but also as a defense against generalized anxiety. Since their anxiety was not relieved after 2 or 3 group sessions, those who dropped out could not help but feel that the method would not succeed, and were therefore able to rationalize glibly their discontinuance in the group.

SUMMARY

A program of group psychotherapy for weight control with 42 participants has been described which on the whole was not successful as far as weight loss is concerned. The main reason for this outcome is probably that the groups changed in composition, so that no feeling of group solidarity developed. Those benefited the least who expected the most, and those lost the most weight who used the group as support for their own strong desire to do so. The content of the group discussions, in addition to weight, included feelings of hostility, inferiority, and inadequacy. It is felt that secondary benefits were derived from the discussion of these matters in an atmosphere of empathy.

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