

The Clinical Treatment of Obesity from a Psychoanalytical Perspective

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Abstract: The present work aims to address the issue of painful awakening to the hidden and repressed forces that emerged during psychoanalytic psychotherapy, thus opposing treatment. This refers to the difficulties that become of in the treatment of an obese patient who sought help to deal with their binge eating, their incessant search for an ideal body in response to narcissistic requirement. And it reveals the attempt of a truer approximation with itself, meeting its subjectivity, which allowed, thus, the infinite possibilities, even of psychic change, without assigning to the outside the solution of all its psychic difficulties.

Key words: Obesity, food compulsion, psychic change.

1. Introduction

While contemplating nature, the perception is that it is under constant agitation, so called as the science of cycles. The transformation and intrinsic adaptation of all living beings within an ever-changing environment is the object of study of several sciences. Equally, constant changes within the human mind are also apparent. In this context, Freud did not dedicate himself to a specific study on psychic change, but instead his entire work was guided by this perspective.

According to Ref. [1], psychic change is not only an end or final state, it always occurs in treatment, without signs of progress or regression. It is important to regard it as the individual and singular method of each patient in dealing with their anxieties and relationships. Patients come to the clinic crying out for changes in their lives, often declaring that they must live with an unsustainable burden, demanding changes. Quite often they do not realize that, in order for the so desired changes to occur, it is necessary initially to undertake a personal internal change. According to [1] patients

realize this change requires an internal shift of forces and a breakdown of the mental and emotional balance.

Mental states are endowed with great mobility, even when switching from a healthy state to a more pathological one, as Ref. [2] explained, the frontier between the states of mind described as normal and pathological fluctuates considerably. This phenomenon is known as psychic change.

The present study examines a clinical case in psychoanalytic psychotherapy, which aims to address the painful awakening of an obese patient, when confronted with the hidden and repressed forces opposing the treatment, leading to a struggle against a narcissistic imperialism while coping with his eating compulsion and the search for the ideal body. My intention is to portray Ari's (fictitious name) story which, paraphrasing [1], introduced himself as a "hard-to-reach patient".

2. Method

2.1 Participant

At the beginning of the treatment, Ari was 29, with a Body Mass Index (BMI) of 44, single and unemployed. He had an ongoing relationship, in crisis, with a psychologist of the same age. Ari had suspended his

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enrollment in Chemistry undergraduate course, with only a year left to its conclusion. He was the eldest son of three. The mother worked as a hairdresser and the father was a metal worker.

2.2 Procedure

Weekly sessions of psychoanalytic psychotherapy were carried out over a period of three years, each lasting 50 minutes. The sessions took place in a room, in the presence of the client and the psychotherapist alone. In the psychotherapeutic process, each session is unique, without any predetermined script. Each analytical meeting allows for the possibility of reliving the emotional experiences engaged and revived in these encounters. During the three-year therapy, the spoken dialogues were used as tools by applying Freud's psychoanalytic methods, removing amnesia, undoing repressions and making the unconscious more accessible to consciousness, as the proposed course for the purpose of achieving clinical treatment and recovery.

3. Results

3.1 Presentation of the Clinical Case

The treatment began after referral from Ari's ex-girlfriend and it was the patient himself who sought after the psychotherapy with the desire to comprehend why his life was full of ups and downs, and the difficulty of staying stable. As well as obese, Ari was undergoing a depressive state of dissatisfaction, low self-esteem and accommodation with pain and suffering.

Over the preceding year, he worked in a large company, had a relationship, and had been able to lose weight. All was going well until suddenly from one moment to the next he lost everything he had conquered. Ari reported that he was unable to achieve his goals, because his thoughts and insecurity kept him from staying true to his objectives. The first goal was to lose weight, the second was to get a stable job, the third was to conclude his degree.

Being an obese child, Ari mentioned that he had suffered from bullying in his childhood and was always made fun of at school. He felt excluded and realized that he was not wanted by the girls. Since he lacked the agility to climb up and play with the toys in the playground he isolated himself by seeking refuge at home with his parents and by learning to have fun alone (e.g. video games, watching movies).

Ari recalls that he had a good relationship with his nuclear family. However, his overprotective mother irritated him, and he found it very difficult to speak about his past, the relationship with his family and getting in touch with his feelings.

Ari's relationship terminated at the beginning of the treatment, as he felt inferior to his girlfriend and unable to live up to her expectations. She wanted him to have more initiative and determination in losing weight and also to find a job. Ari perceived many obstacles to these goals, which led him to get angry and aggravated at everyone when he felt pressured.

3.2 Intervention and Result

Ari's difficulties were apparent in the first sessions of the treatment, they appeared very regressed, in a state of schizo-paranoia. In attempting to deal with the anxiety caused by his pain, he ended up fractioning them and projecting them onto external objects (e.g. the mother, the psychotherapist) in order to relieve internal tension.

The connection that was presented, both in transference and countertransference, facilitated a quicker acceptance, offering the conditions for the solution of the pathogenic conflict and its psychic difficulties. The patient may feel prepared to deal with the adversities of the adult world, open to infinite possibilities, including psychic change, without assigning to the outside world the solution of all his psychic difficulties. It seems that this dynamic aspect of unrestrained pursuit of the food that Ari developed was a reaction to his inability to accept responsibilities imposed by adult life.

After a year-long treatment, Ari was able to find a job as a laboratory technician in the textile industry. The job did not bring him satisfaction, as the salary was very low and there was much intrigue and competition amongst colleagues.

Although he was dissatisfied with the job, he endured the company for two years, getting to participate in a competition, promoted by the company and proposed to employees (a health-motivation program called “Medida Certa”), with the purpose of promoting team weight loss. Prizes would be awarded to the team which reached the highest weight loss. Ari was enthusiastic about this competition, achieving self-control and enrolling in a gym. The result was the loss of 40 kg in five months, the improvement of self-esteem and the award granted by the company.

Based on this achievement, he decided to look for a new romantic relationship and went in search of a partner over the internet. He met Y, his current girlfriend, with whom he still has a serious relationship. Ari resumed his studies and graduated from college, at which time he then went to look for a new job with a better salary, with the possibility job progression.

4. Discussion

In the three years we were together, despite Ari’s cooperation and interest in the psychotherapeutic process, a force was struggling against any psychic change. Joseph [1] argues that there is a rift in the clients’ personality, a difficulty in receiving from the therapist a true emotional understanding, it is as though part of the clients’ ego remained “outside” of what occurs while interacting with the psychoanalyst and the other of the ego that is more fragile. This first part would act destructively to avoid, thus, a more genuine and integrative contact.

The importance which Ari’s body acquired was evident over several sessions. His body delimited his physical and psychological space by interfering with the constitution of the self, whether by the density that the body confers to the person’s identity or by the

impossibility of identifying oneself to a body that is always in a shortfall (“I prefer to stay at home, I’m ashamed of myself, I keep wondering what others think of me”).

This body that suffers and endures discomfort from its excesses features as the central character, becoming a source of suffering, frustration, dissatisfaction and impediment to achieve a satisfaction drive, becoming the expression of pain. Through the discourse it is possible to produce positive effects on the body: “I feel great pain”, “Pain for thinking that I have achieved nothing so far. It’s like a pain of emptiness, of anger. I failed”.

The patient seeks for psychological treatment by setting out to complain about his difficulty in keeping himself balanced in his achievements. In fact, this claim ends up masking the real complaint: the permanent conflict between satisfaction and frustration, pleasure and suffering, that every weight loss process implies—the need to have control over the impulse to eat. In a similar manner to a game, on the internet, and also with food, a person can be compared to someone who is alcohol-dependent [“When I start to play I don’t feel like stopping; (...) it feels like a drug, I keep craving for it. For example, if I don’t get what I want, I can’t play. If I have no internet, I become very frustrated, just like a drug addict”].¹

In this regard, Recalcati [3] points out that the obese body and the hunger itself seem to be driven by a real brainless pulsation evidencing the close relationship between the somatic body and the pulsational body of

¹ Tantalus was a king in Greek mythology. It is said that, being loved amongst the gods, he decided to invite them to a banquet, and to test them, he served the flesh of his own son. As the gods were omniscient, they discovered him. Horrified at this they rejected the gift. Zeus, in his superiority, reestablishes the life of the son of Tantalus and awards his father with eternal dissatisfaction. Tantalus is then condemned to wander in a valley rich in vegetation and water, but which he could not use, as every time he approached the water, it flowed away; if he tried to grab a fruit, the vegetation moved away. In this way, the expressions “Torment of Tantalum” or “Torture of Tantalum”, arise to designate the suffering of those who want something very nigh, but are unable to do so.

psychoanalysis. The obese body is too full; however, the person lives an infinite void [3]. This idea becomes evident in some of Ari's verbalizations: "I eat chocolate to anesthetize the pain, for being unable to conquer anything".

By resorting to the allusion of the myth of Tantalus, for the purpose of interpreting those contents of interest from the point of view of unconscious fantasies, it is noticeable that this myth symbolizes the incessant, uncontained and often insatiable desires which are present in this case. When the patient exposes his incontinence in always demanding more and more, and the more he tries to move towards what he wants, the more distant and challenging are his goals. Hence, there is not any possibility of attaining pleasure, becoming ever more distant and nearer to death while boycotting his own success, condemning himself to suffer because of his inability to satiate his desires.

The idealization which is established between food and a slim body as objects of desire, is a narcissistic relation which, as Freud [4] points out, refers to the "attitude of a person who treats his body (or another object) in the same way as the body of a sexual object is commonly treated." The patient perceives that he is unable to relate to a person who has similar characteristics as his own, because it is as though the other person is transformed into a mirror, where he can discover his imperfections, the absence of approval or love from others. In a closely related aspect, the individual develops an internal model, searching for isolation, staying at home to play and watch movies.

The beloved object is raised to the heights of idealization. In this way the person who loves is always humble and consequent unreciprocated love causes great suffering. On the other hand, the threat of losing the love from the object is a source of distress [5]. My perception is that the importance that Ari attaches to objects affects his personal relationships leading him to encounter painful feelings of humiliation, devaluation, and hating himself for it. When chronic, this condition reveals the state of illness in the most diverse types of

pathology, very frequent in obesity (I have always preferred to stay at home playing and playing by myself. At home I was protected against being teased by other children).

According to Freud [4], "a part of self-esteem is primary—remains of childhood narcissism; another part stems from omnipotence, while the third part arises from the satisfaction of object libido." When the amount of libido attributed to objects is excessive, the ego becomes impoverished and unable to satisfy its ideal of ego. As satisfaction is not attained by the first two alternatives, as a means to avoid destroying its self-esteem, the ego seeks routes to partial satisfaction. There is a moment when happiness is fulfilled. When the object is chosen according to a narcissistic type, sexuality relies on the object to serve as a function for self-preservation.

From the beginning of the treatment, I often perceived that the patient was playing a seduction game in relation to me, albeit somewhat repressed. In the transfer process I took the role of an idealized figure, from whom a look of admiration and approval was expected so that Ari would be feel loved, handsome and consequently a person of value. It was very difficult for Ari to talk about his feelings in relation to me, or through therapy. Even when I pointed the negative feelings such as hostility and mistrust, or the positive ones such as the desire to be valued by me, they were rejected. Countless times the client verbalized his desire to lose weight, believing that by yearning for such a desire its fulfillment would be more easily attained, while arousing the admiration in others, and even succeeding to relate with another person.

In my evaluation, the resources that sustained this treatment are related to the client's desire for recovery, to his intelligence, his attempt to find a new path, to the more favorable egotistic conditions and especially to the therapeutic alliance which were quite notable in the transference and countertransference. According to Freud [6], patient's conflicts will only be successfully solved if "the anticipatory ideas he is given tally with

what is real in him”. If there is agreement on the intended objectives by both sides and the ability of seeking them within of the patient.

In this view, the therapeutic success relies on overcoming internal resistance and making modifications to the libido release in order to allow the ego to use it, so that the client can “have a capacity level and enjoy life” [6].

During the three and a half years of treatment, I was able to observe the patient’s change in attitude. On several occasions during the therapy, the patient was confronted with his state of accommodation in life. The therapeutic process allowed the patient to encounter a conflict generated by the anguish of never being able to satisfy the desire to remain slim, and his subdued nature, because he expected a magical process, that is, that someone would do it for him. The change relates to an increase in patient’s confidence in being able to overcome repetitive patterns of self-destructive behavior, and because of patient’s commitment, his motivation for change and the therapist’s ability to favor such involvement. Currently it appears that the patient is moving in the direction of a depressive condition, demonstrating a greater integration of the self, he is relating to objects in a more complete and realistic manner, moving towards the integration of love and hate.

According to Joseph [1], psychic change stems from a mental dynamism and as response to analytical work, whereby the psychoanalyst is responsible to accompany who is being analyzed in the ways in which he relates to and handles his anxieties. A psychic change is better achieved when parts of the ego are strengthened, when a positive identification of the patient and the psychoanalyst occurs, and also with the psychoanalytic process. The patient can then recognize his mental states and perceive these in the choices he makes.

During the journey with Ari, I realized that I played a very important role in the idealization transference relationship, in which the patient perceives the therapist as being an all-powerful provider. And in

countertransference, the therapist has the sense that the patient is like a baby who yearns for a more motherly care to meet his needs. This did not mean a state of hunger in search of food but instead hunger for attention, cherishing, looking at, of love. In several sessions, I came across Ari’s desperate explicit need for my answers, for my opinions on several issues, as though I was a parameter to be followed.

Kohut [7] pointed out that these people need to mirror and idealize others; they complain about nonspecific feelings of emptiness, depression or dissatisfaction in their relationships. Additionally, they are characterized by a very vulnerable self-esteem. Their anxieties are primary, fragmented, of loss of one’s own feelings of identity. Understanding the psychopathological vicissitudes of their eating behavior means understanding the relationship that the person establishes with his body and with others, but protects and conveys non-metabolizable anxieties, childhood pains, affections and memories. In the psychoanalytic treatment, the renewal of the primary processes exalts the place of the image of obesity, which constitutes itself as an interior space that ensures the conditions of a new narcissistic image. From this the patient it can feel prepared to deal with the adversities of the adult world, open to infinite possibilities, including psychic change, without assigning to the outside the solution to all his psychic difficulties.

References

- [1] Joseph, B. 1992. *Equilíbrio psíquico e mudança psíquica*. Rio de Janeiro: Imago.
- [2] Freud, S. 1907. “Delírios e sonhos na Gradiva de Jensen.” In *Edição standard brasileira das obras psicológicas completas de Freud*, edited by Freud, S. Rio de Janeiro: Imago.
- [3] Recalcati, M. 2002. O “Demasiado cheio” do corpo. *Por uma clínica psicanalítica da obesidade*. Rio de Janeiro: Escola Brasileira de Psicanálise.
- [4] Freud, S. 1914. “Sobre o narcisismo: uma introdução. 1914.” In *Edição standard brasileira das obras psicológicas completas de Freud*, edited by Freud, S. Rio de Janeiro: Imago.

- [5] Freud, S. 1927. "A questão da análise leiga-pós-escrito." In *Edição standard brasileira das obras psicológicas completas de Freud*, edited by Freud, S. Rio de Janeiro: Imago.
- [6] Freud, S. 1917. "Conferências introdutórias sobre psicanálise. Conferência XVI. Psicanálise e psiquiatria." In *Edição standard brasileira das obras psicológicas completas de Freud*, edited by Freud, S. Rio de Janeiro: Imago.
- [7] Kohut, H. 1977-1978. *A restauração do self*. Rio de Janeiro: Imago.