DEPRESSION AND OBESITY: HOW CAN HYPNOTHERAPEUTIC SHORT-TERM INTERVENTIONS HELP?

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Depression and obesity: How can hypnotherapeutic short-term interventions help?

The control of body weight is largely remote instinctively. When conscious efforts go nowhere, hypnotherapeutic strategies can open new possibilities.

Presented is a model of hypnotherapeutic strategies of weight regulation introduced on the M.E.G. Congress 2018 in Bad Kissingen (Germany).

Educational Objectives:

1. Discuss meaningful weight goals with clients and explore which other goals need to be realized so the inner desired value of the weight can change,

2. List the critical points that currently prevent better set point setting,

3. Describe short-term interventions (for example, assessment of disease gain, target progression, age regression, negotiation with inner saboteurs, use of direct and indirect post-hypnotic suggestions), and tailor them to the goal of weight reduction.

Overview

- Starting with overweigt: Can it be treated psychotherapeutically?
- Reasons for the failure of interventions against obesity
- Motivation for weight loss and problems associated with the slimming norm
- Hypnotherapeutic approaches to the treatment of obesity: Clarification of motivation, conflicts and emotionally stressful experiences
- Strategies for joint treatment of depression and overweight

Psychotherapeutic treatment of obesity: searching for the Philosopher's Stone?

DSM V:

"Effective long-term treatment approaches for obesity are missing."

(2018, 882, German translation)

Why do weight loss interventions fail?

(cf. Klotter, 2017, 224 - 229)

- **Treatment immanent reasons**
  - Obesity treatment as a lifelong process
  - Patronizing attitude and lack of compliance on the part of the health practitioners
  - War metaphoric
- **Reasons beyond treatment**
  - Evolutionary programming (DNA, genetics, epigenetics)
  - Social framework conditions:
    - Abundant, seductive food supply
    - Almost complete lack of exercise
    - Obesity as a means of social distinction
    - Measures against obesity promote these (e.g. diets)

Pladoyer for an humanistic, hypno-systemic approach to the treatment of obesity

- Humanistic attitude: meeting at eye level, therapy goals are defined by the client
- Work with, not against the client, avoid war metaphors
- Which worries and needs move the client?
- Take into account that obese people mostly have experienced offending insults
- Acceptance of the a high genetic proportion
- How are cultural/personal identity and overweight related?
- What are the benefits of being overweight? See the problem as the best solution at the moment - utilise instead of combat
- Ecology check: What consequences does the intended change have for the system?
- Initiate permanent changes that can be autonomous maintained: What does a change have to look like in order to have more long-term benefits than costs for those affected?

Causes of overweight

mind	body	culture
"Gain weight"	Genetics/Epigenetics	Beauty ideal "abundance"
Reward	Intestinal flora, food intolerances	(Sub-)cultural eating culture
Stress coping	Ailments, medications	Hospitality
Emotional overlay	Reduced basal metabolism, age	Generosity
Confusion of needs	Hormonal imbalance	Esteem of enjoyment
	High muscle mass	

→ Overweight has many reasons.
Personality traits are not among them (Wirth, 2008).

→ first look at the individual causes,
instead of prescribing a standard procedure.

Why is limiting food intake ineffective in the long run?

Dynamic equation (Alpert, 1990):

Energy consumption changes with energy intake.

Consequences of a reduced energy supply:

- Muscle mass decreases
- Rest energy consumption, thermo genesis and energy consumption during physical activity decreases

  → New energy balance with lower energy supply, lower energy consumption and lower energy reserve

  → Reduced energy intake brings only minimal weight loss

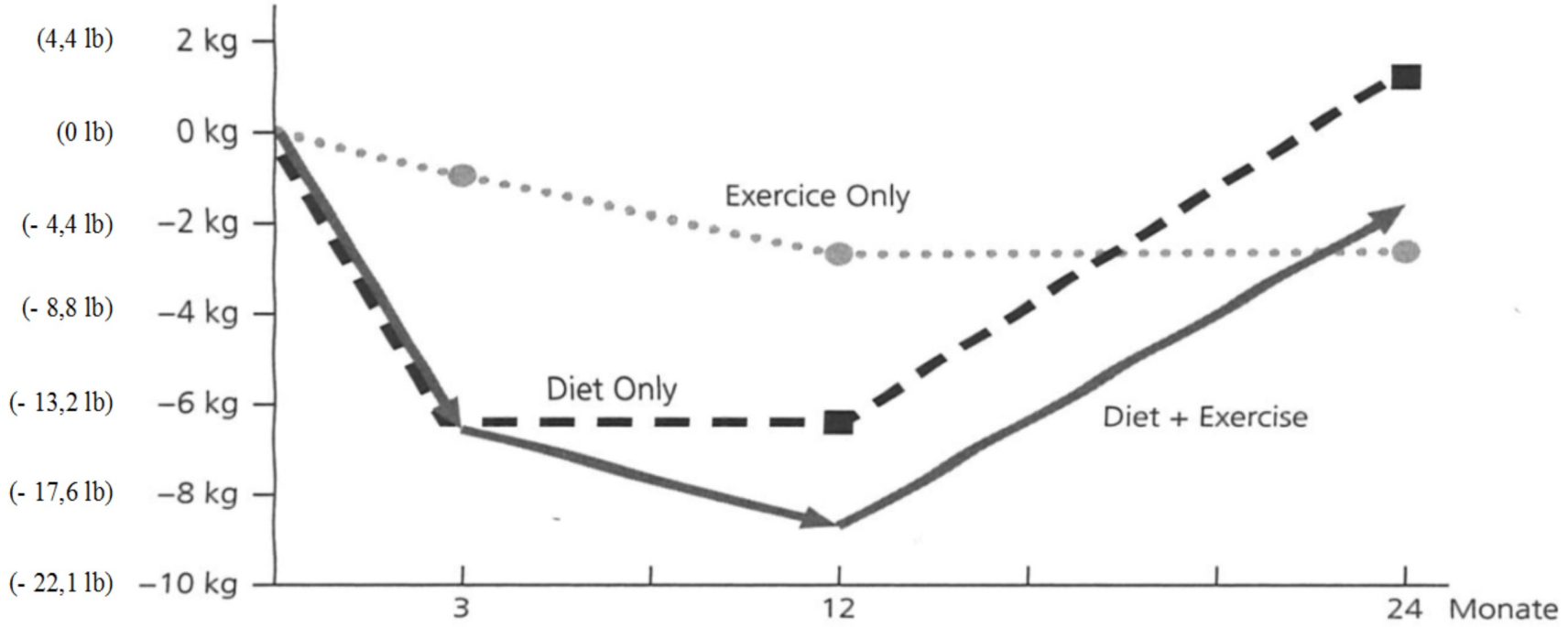
Example: A person has lost 10 kg (22.05 lb). His energy consumption is reduced by around 300 kcal/day. For maintaining the new weight, he/she permanently must consume 300 kcal/day less than before (Wirth, 2008, 113).

Weight regulation as a dynamic balance

Is the person is balance or not?

- As long as the eating behaviour has to be controlled deliberately, whether rigid or flexible, there is no balance.
- Treatment only ends when a new state of balance has been found.
- What would be the consequences of an specific intervention on an existing balance?
- Will the new balance correspond better to the person's wishes?

Long-term effects of diets and sport on the existing weight balance



Skender: Journal of American Dietetic Association, 1996 (342–346)

Diet:

- Short-term weight loss (positive reinforcement of dietary behaviour)
- Success cannot be maintained

Exercise:

- Slow, slight weight change
- Success can be maintained
- Better effect on health than weight loss by diet

Motivation

Motivation = importance x confidence

I do not accept the argument; "I am simply too lazy".

If someone can't get himself to do something he thinks he should do, it's usually for a good reason.

Instead of fighting the supposed laziness, you need to find these reasons!

Motivation: Why lose weight?

- Health: I want to do something for my health.
- Mobility: I want to become more agile.
- Self-acceptance
- Attractiveness
- Beauty
- Happiness
- Acknowledgement

(cf. Toman, 2014, 258)

Ideal of slimness in western societies

- **Obligation to health:**
  - Illness restricts performance - in meritocracies, the individual is expected to contribute to his or her health.
- **Ideal of temperance:**
  - Asceticism concerning eating takes place of overcome sexual prohibitions
- **Social Distinction:**
  - Social evaluation is based on weight instead on birth as in former times

WHO weight standards since 1998

classification	BMI	risk classification
anorexia	< 17,5	strongly increased
underweight	17,6 – 18,5	increased
normal weight	**18,5 – 24,9**	**average**
preadipositias	25 – 29,9	slightly increased
obesity grade I	30 – 34,9	increased
obesity grade II	35 - 39,9	strongly increased
obesity grade III	>40	very strongly increased

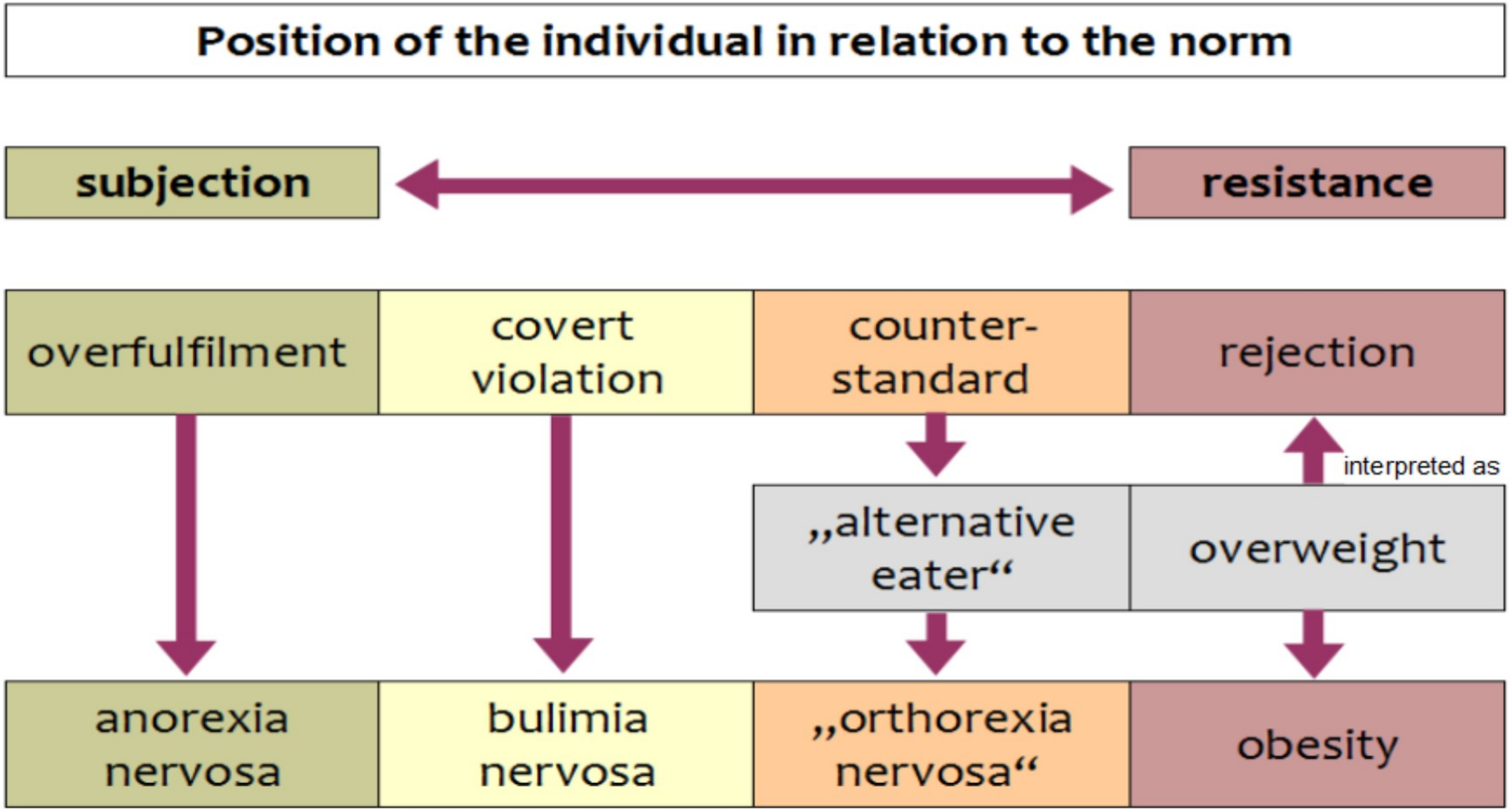
Until 1998, a BMI between 20 and 27.8 was considered normal!

(vgl. Toman, 2014, 144 & 162)

Irrational social beliefs on weight regulation

- "With the help of willpower and discipline, any weight can be achieved."
- "If you're overweight, you haven't exerted yourself enough (internal-variable control conviction)."
- "Overweight people refuse to take responsibility for their own health."
- "Overweight is an expressions of character defects"
- People with overweight are considered being pleasure-seeking, lazy, comfortable, undisciplined, weak-minded, unkempt, stupid.
- Obese people, especially women, have poor chances in education, work and finding a partner (cf. Wirth, 2008, 101).
- "The social marginalization of people with overweight is justified because they deliberately violate the fundamental value of our culture and burden others with the costs of their immoral way of life!

Eating disorders as downside of the slimming standard



Weight goals when health is the purpose

(cf. Toman, 2014, 26; 54)

The slimmer, the healthier, that's not true! If the weight is in normal range, better do no disturb the weight balance!

The BMI does not distinguish between muscle and fat tissue. Highly trained people can be "overweight" even though the body has just enough or even too little fat tissue!

Fit overweight people are healthier than their untrained and slender peers.

Weight fluctuations of more than 2 BMI units (approx. 5 - 6 kg/11 – 13 lb) are more harmful to health than stable overweight.

Weight goals when health is the purpose

(cf. Toman, 2014, 26; 54)

For a sustainable improvement of mobility and physical health, a stable weight loss of 5 - 10 % is sufficient

The best long-term results show a total weight loss of at most 10 - 12 kg/22 – 26,5 lb.

The older a person is, the higher the optimal BMI.

Reduction of other risk factors (e.g. stress, smoking, alcohol) can make a significant contribution to improving the risk of diseases.

age (years)	optimal BMI
19 - 24	19 - 24
25 - 34	20 - 25
35 - 44	21 - 26
45 - 54	22 - 27
55 - 64	23 - 28
> 65	24 - 29

(Andres et al, vgl. Toman, 2014, 162)

Learning from people who successfully lost much weight

Example:

Mrs. K.: As her favorite cousin died of alcohol addiction, she developed a strong aversion against addiction.

When she drew the parallel that she was "addicted to food", she decided to change her life.

She began an intense exercise training, changed her entire diet, including avoiding energy-rich food on social occasions, which had otherwise been very important to her.

- Previous behaviour no longer compatible with central values and goals
- Strong willingness to change
- Confidence in the ability to change behaviour
- Goodbye to the old life
- Implementing exercise and change of diet supported by fitness trainer

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Results:

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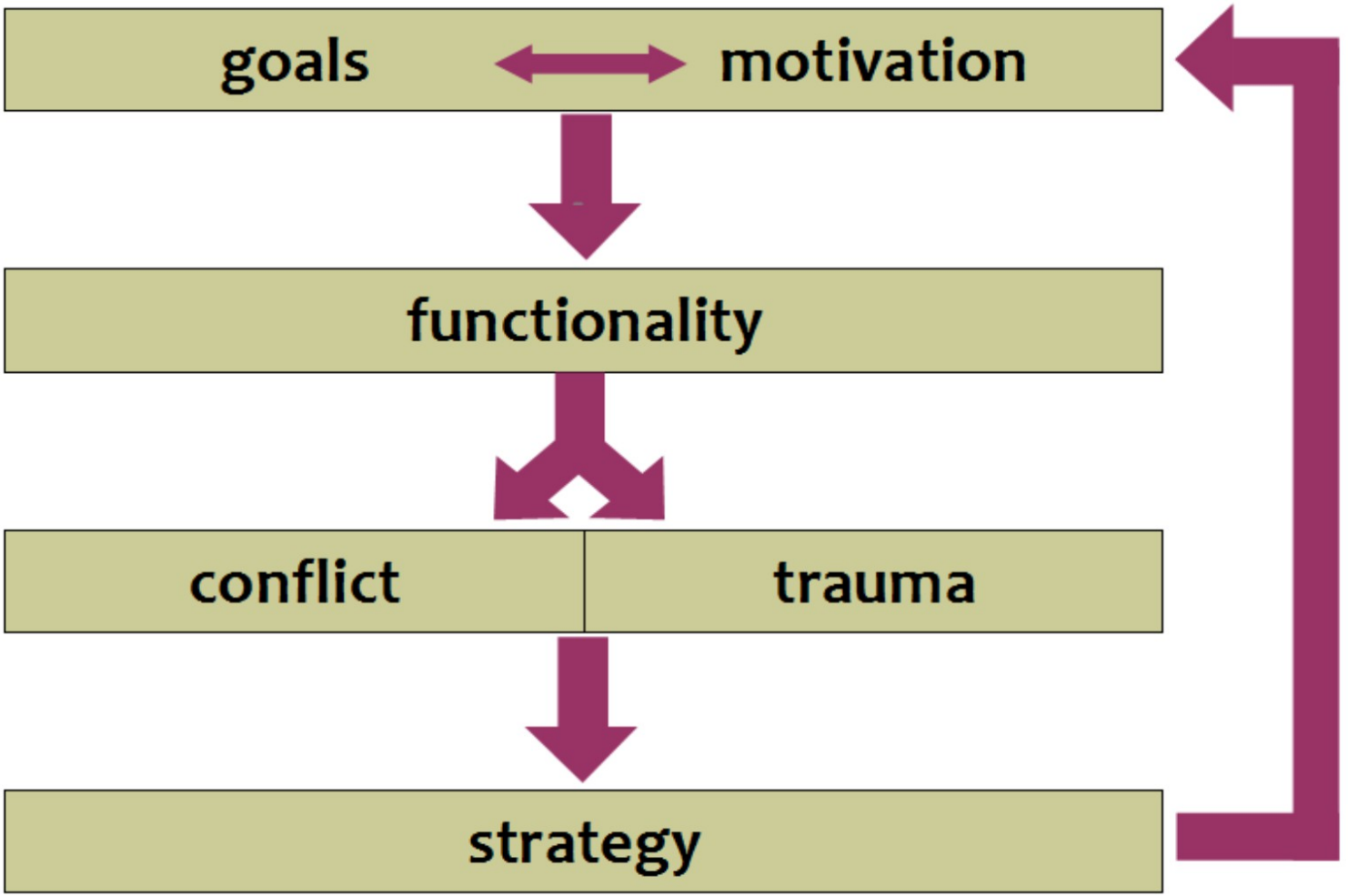
Learning from people who successfully lost much weight

- Experience of most people after severe weight loss: Life must be completely reorganized (Toman, 2014, 110)
  - New physical and psychological identity
  - Restructuring social contacts
  - Restructuring everyday life and activities
- People able to hold a significantly lower weight after bariatric surgery describe the day of surgery as the beginning of a new life.
- Is it possible to start a completely new life without a bariatric surgery?

Hypotherapeutic Treatment: Flowchart



Starting hypnotherapy: Agreeing on attainable goals

- **Realistic assessment of causes**
  - Biological causes
  - Reduced basal metabolic rate due to previous diets
  - Unseen advantages of the actual state for the person or his/her environment
- **Realistic assessment of possibilities for change**
  - Change is slow
  - Muscle building is essential
  - Visceral fat can only be addressed by power training/stress reduction
  - Major changes require a fundamental change of life
- **Social desirability is not enough**
  - Goals have to serve central needs and values of the client
  - Change must not be in conflict with the client's central needs and goals

When goals other than health are to be achieved through weight loss

- Other goals than promoting health and/or increased mobility are not likely to be achieved through weight loss.
- Being slim does not make you happy, nor does it solve problems of self-esteem, self-acceptance, social competence, partnership or career, even if social discrimination because of obesity can make people unhappy, affect their self-esteem or lead to disadvantages at work and in partnerships.

  → Find out the needs, values and goals of a person. Only agree on therapy goals with a strong motivation to change.

  → Question the commitment to health and the ideal of slimness - is there a strong motivation to achieve this goals? And if so, what has prevented the client to achieve them so far?

  → Work with the client to find out whether there are more suitable goals than weight reduction to achieve his goals.

Conflict Management

- Often conflicting goals are responsible if a person is not able to achieve his goals

  → Clarify ambivalences and support the client in finding a new balances between conflicting needs : let conflicting parties negotiate with each other in trance

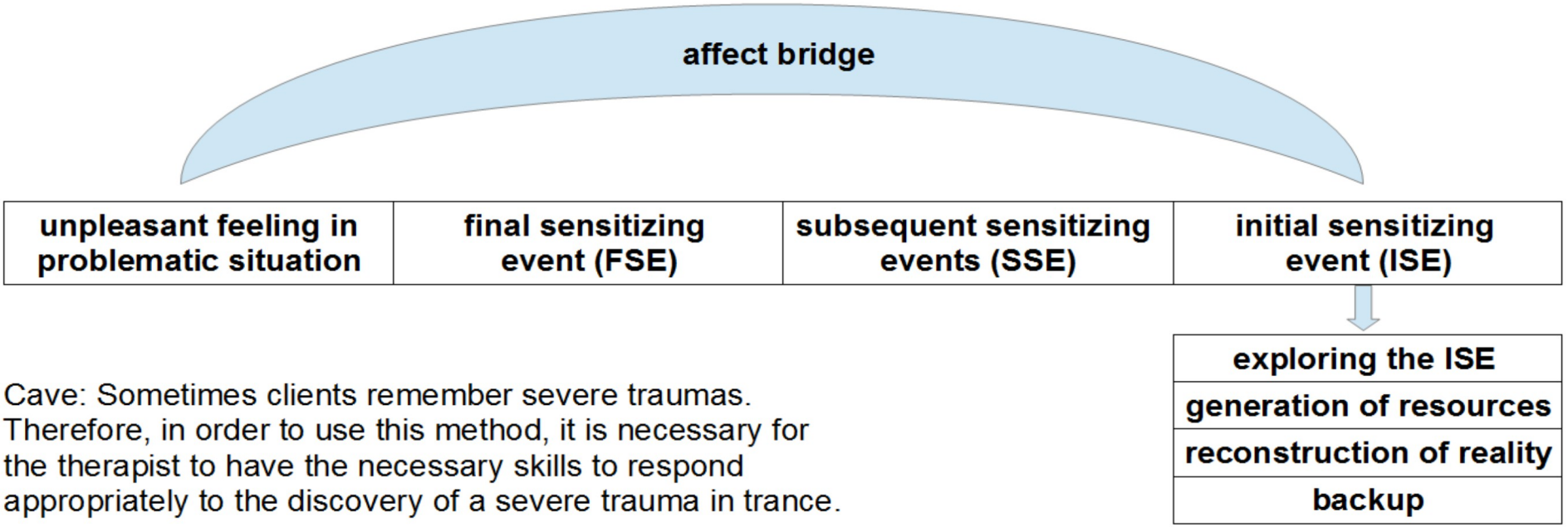
- The unloved weight as a symptom
  - The current weight can be understood as the currently best balance of all influencing variables - physical, psychological and social.
  - The aim of hypnotherapeutic treatment is therefore to promote self-regulation and to find a more optimal balance.

  → Support the client to find out: What does the symptom stand for? What does it do for the person? For this, personalize the problem in trance as a figure, explore its positive intention and develop creative solutions in the hypnotic state

Working with the trauma modell

Emotionally overwhelming experiences can be a cause of overweight. Reconstructing this experiences with hypotherapeutic strategies can enable the person to solve his weight problem

Affect bridge for restructuring problem-triggering experiences



Cave: Sometimes clients remember severe traumas. Therefore, in order to use this method, it is necessary for the therapist to have the necessary skills to respond appropriately to the discovery of a severe trauma in trance.

Strategy: Increase physical activity

- Exercise has an antidepressant effect - diets don't.
- Often the antidepressant effect of physical activity shows earlier than the effect on body weight.
- Different kinds of physical exercise have different effects:
  - muscle building: power training
  - energy consumption: Endurance sports
  - mobility: Yoga, Gymastics
- Every physical activity counts. You can start by moving more during everyday activities, e.g. using the stairs instead of the elevator.
- Physical activity as treatment for depression/overweight: the more the better.

Strategy: Increase physical activity

- Together with your client, find out what helps him to incorporate more movement into his everyday life.

  → What kind of physical activity fits best into the client's life? Exploring with hand levitation: is the unconscious ready to support the client bringing more physical activity into his life?

  → Does the client need permission to do something for himself? You can negotiate with the client's instance of conscience in trance

  → What can help him to enjoy physical activity? Imagine the client's favourite animal in a trance, how it moves smoothly and enjoys the movement

Strategy: Nutrition in the focus of depression treatment

- **Typical eating habits of depressed people**
  - "Colorless, quiet eating"
  - Often no regular meals
  - Eating any food that is available at the moment
- **Adapting interventions for depression using metaphors and posthypnotic suggestions**

  → Restore daily structure of food, at least three meals at reliable times

  → Improve self-care regarding food intake: Preparation of high-quality food

  → Modification of cognitions: Self-acceptance instead of changing between mortification, indiscriminate eating and subsequent self-punishment

  → Change perception, train the ability to enjoy during eating

  → Practice mindfulness during food intake

  → Reflect of the connection between eating habits and cultural location, use problem-solving training for changing eating habits in harmony with one's culture

Strategy: What should one avoid?

- Diets do not help in the long term, but they can cause overweight.

  → If the client insists on a diet, it is essential that it is combined with training!

- Be careful with food plans: They "inevitably disconnect from the body's own signals of hunger and satiety" (Toman, 2014, 177)
- Avoid war metaphorik: Through the fight against its weight, the body is perceived as an enemy that must be tricked, outwitted and defeated (cf. Toman, 214, 178). It is no wonder when resistance is created in this way.

Feedback and relapse prophylaxis

- Short time feedback loops more more helpful than long term feedback

  → find out how your clients can tell that they are on the right track. Scales are an extremely bad advisor for this purpose!

- → Support your clients to become aware of the successes they have achieved. This helps them to maintain the motivation for treatment and strengthens their self-efficacy.

- Relapse prophylaxis:

  → Understand renewed weight gain as a signal, not as failure.

  → Find out what the signal is standing for instead fighting against it.

  → Hypnotherapeutic intervention: Question the unconscious, whether it knows what it is all about - exploring with hand levitation

Further materials

- Overview: possible interventions
- Goal progression
- Clarifying a conflict with ideomotoric signals
- Affect bridge
- Examples for posthypnotic suggestions
- Literature

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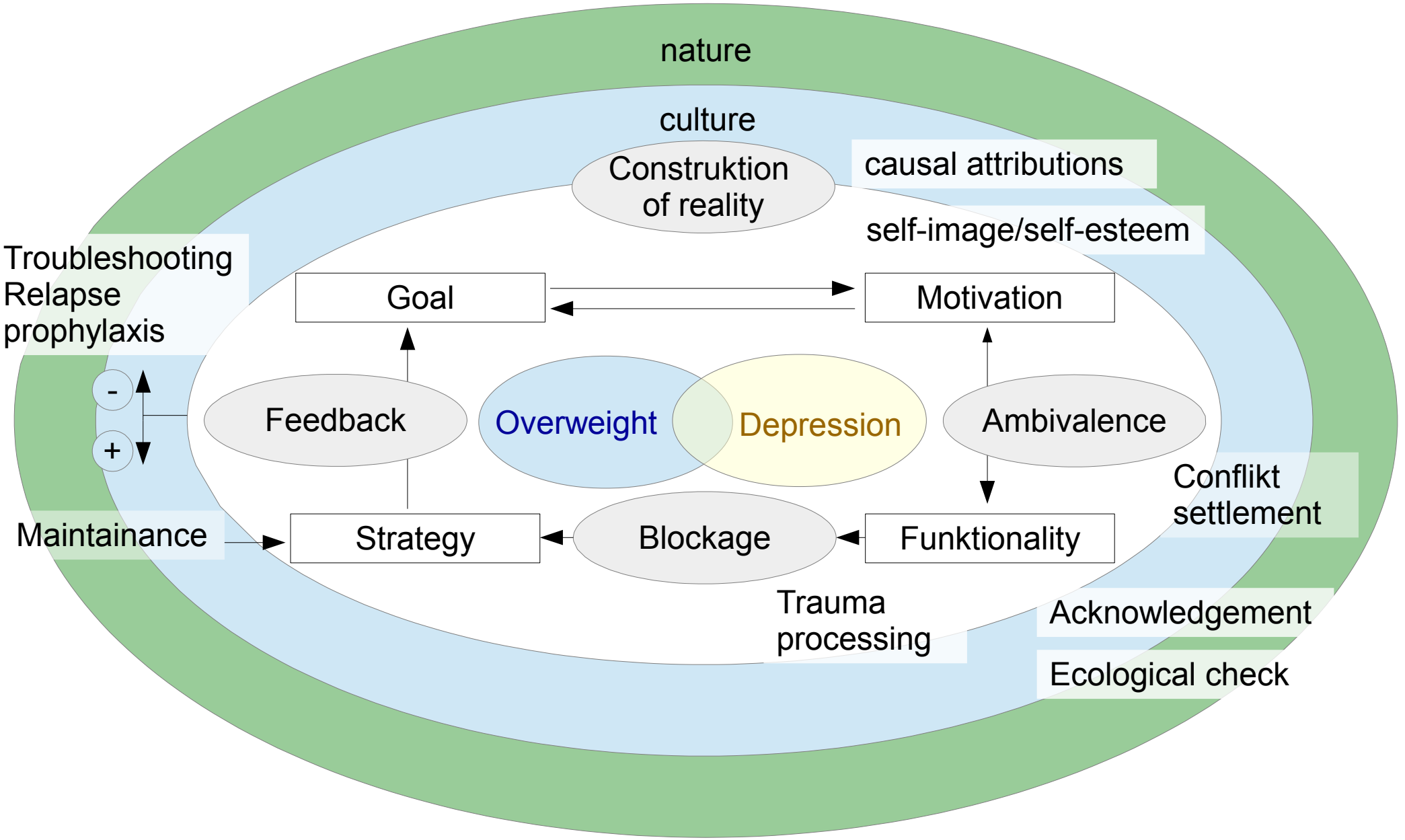
Map


nature
culture
Construktion of reality
causal attributions
self-image/self-esteem
Troubleshooting
Relapse prophylaxis
Goal
Motivation
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Feedback
Overweight
Depression
Ambivalence
Conflikt settlement
Maintainance
Strategy
Blockage
Funktionality
Trauma processing
Acknowledgement
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Thank you for your attention

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