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Psychotherapy for Overeaters: The Category Experiential Directive Method

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PSYCHOTHERAPY FOR OVEREATERS:

THE CATEGORY EXPERIENTIAL DIRECTIVE METHOD

as developed by:

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PREFACE

Specialization (The Category)

This is a different approach to psychotherapy from what I've met in the literature. It consists of specializing in a particular way. One category of the neurosis spectrum has been selected out, studied specifically and procedures developed for that particular segment. The category dealt with here is compulsive overeating.

Usually the therapist is trained for and, in functioning, deals with the entire range of the ways people are neurotic. The client brings in problems and the therapist deals with the problems, assists the patient in becoming aware of life factors, both present and historical, underlying the problems, and motivates the client to function in new, more gratifying ways.

In my experience with overeaters, it seems that the client will not usually bring into the therapy session, as problems, those key factors related to and specifically causing the overeating compulsion. The client tends to accept these factors as "steady-state", normal and acceptable and doesn't experience these prime causative factors as "a problem". This may explain

why so many of my clients have been in or through therapy, felt that the therapy was successful in many ways, and yet the therapy did not seem to affect their compulsive need to overeat. However, these same clients will, from almost the first session, relate to me with amazement that I have them dealing with life factors they never looked at before and how much these factors connect to their overeating compulsions.

I have learned what the key factors in overeating are and I expect that my clients will not bring them in as problems. So, I give them homework projects. I have the clients poke around in their lives, by the use of homework actions, to discover at an experiential level what is really going on. That is how my method is directive and experiential.

Non-uniqueness

I assume that overeaters are pretty much alike; the underlying factors are the same for everyone of them. I made this intuitive assumption right from the beginning, (10 years ago) and what I've experienced since has reinforced that orientation. Yes, every overeater has her* particular idiosyncracies but they are just

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* I use the feminine pronoun instead of the masculine because I'm a feminist sympathizer -- and 90% of my clients have been women.

slight variations on the basic themes. The basic themes seem to be very much the same for all overeaters.

A basis for my therapy approach is my viewpoint that all neuroses can be bunched into a few categories and more readily studied and dealt with that way. It's a pitfall, I think, for the field of psychotherapy to deal with neuroses as though there is an infinite variety. It makes the task seem overwhelming -- and maybe that's what some therapists want.

It may have to do with our cultural orientation--rugged individualism. Everyone is unique, separate, special. Don't we have different faces? different fingerprints? different electronic voice patterns? different psychodynamics?, etc.

If I had tried to deal with overeaters as if they each were unique, each with different, special factors causing the overeating in each, I could not have even begun to deal with the phenomenon. It is by clumping them all together that the solutions came -- by denying uniqueness.

Psychotherapy as Art

Freud tried to shape his concepts into the scientific mode of his day -- Newtonian physics. He tried

to structure psychoanalysis into a mechanical-biological science, and much of the difficulties in his libido energy theory stem from that. Freud's remarkable discoveries of the unconscious, dream symbols, infantile sex, Oedipal complex, meaning in errors, etc., etc., -- came from his intuitions and his insights, his sensitivities and empathies. He may not have wanted to admit it, but Freud was primarily an artist. And so, I believe, is every effective psychotherapist and psycho-theorist.

Writing this paper is a kind of paradox. It is an effort to state in a linear, scientific way what is basically an art, the psychotherapy I do. Only in some part way can this document replicate my art form. Only by participating in my group sessions, experiencing over time what goes on in the reactions between my media (the clients, my methods, the interactions, the process) and me can you "know" my art.

I feel that attempting to force the art of psychotherapy into a scientific structure is distorting -- it can't be done without severely affecting the essence. Keeping that in mind, I will proceed and see how much vitalness I can maintain in my art as I attempt to describe it on paper.

Experiential vs. Conceptual Awareness

It has been my experience that many books, courses, seminars, groups and therapies can generate "conceptual" awareness. And the recipients of this conceptual awareness often believe that therapy has been accomplished, that their behavior patterns will change and their lives will be different. This isn't so. Unless the awareness is "experiential", coming out of true life experiences, nothing much has really happened, I believe.

Some of us know that we can learn to understand, quite thoroughly, what our dynamics are and how they developed. Yet, despite this, we continue to function in the same neurotic ways. It isn't until we gain "experiential" awareness that things may change. Experiential awareness seems to motivate change, motivate risk, motivate trying something else. When one tries "something else" in life the chances are good that a better, more gratifying way will be discovered, in an experiential way, and the result will be new patterns of feelings, self concepts and situation reactions. This is therapy.

Karen Horney* says: (A person's) knowledge of himself must not remain an intellectual knowledge, though

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*Horney, Karen, Neurosis and Human Growth.

it may start this way, but must become an emotional experience . . . because the mere intellectual realization is in the strict sense of the word no "realization" at all: it does not become real to him; it does not become his personal property; it does not take roots in him."

Erwin Singer* says: "If one defines insight as intellectual theorizing or the ability to follow psychoanalytic propositions, then insight is certainly useless . . . But if insight denotes the self-awareness always implicit in conscious emotional experience, if the term describes a direct contact with one's feelings toward another human being, then insight is very important . . ."

I go one step further than they do. They claim that emotional experience is necessary for the therapy process, implying that if it occurs in the therapist's office, it serves its function. I believe that emotional experience will not cause change until it is experienced in real life situations, and this is essential to the definition of therapy.

It is all too often, concurrent with the exploding number of so-called therapists and multiplying number of

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* Singer, Erwin, Key Concepts in Psychotherapy.

therapy methods, that therapists feel that therapy is a process the therapist does on the client or that therapy occurs in the office of the therapist. I don't think so. I believe we can say that therapy only occurs when the client does something new and better in her life. Until then the therapist is just trying some things and hasn't yet done therapy.

For example, I believe that Fritz Perls* seldom did therapy. In what I've read of his, he seemed to limit his method primarily to the hot seat and dialogues with dreams and fantasies. After he got a crying or angry reaction from the client, or some other emotional outburst, he would stop and say that's all for today -- as if he had accomplished something great. He was certainly a showman. And he did have a genius for certain kinds of understanding. But, if he didn't motivate his clients to experiential awareness in real life, (and there isn't any reference to that in his books), he didn't do therapy. Not in my opinion. His theatrical stimulations would amount to nil for the client in the long run.

So, in generating my methodology of therapy for overeaters it was necessary, as a prime condition, that

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* Perls, Fritz, Gestalt Therapy Verbatim.

I create ways of getting my clients to become aware of the causative factors experientially -- back in their lives. This is the experiential part to which I refer in my title.

Growth is Counter-Productive

Cultures drive us neurotic by getting us to agree that we should be trying to be what we are not and can never really be. I would expect that of culture -- that's what culture's purpose and function is.* But, I'm deeply disappointed when therapies and therapists generate the same urgencies.

It is so common, these days, in the humanistic psychologies to hear of the word growth advocated as what we should all be doing. As if we are all unlimited, yet semi-developed creatures, with some great goal to achieve for ourselves. Once we have become affluent, taken care of our basic needs, we can move on to a new hierarchy of needs and all end up sitting on a mountain top doing our daily macrame, squatting in a lotus position. This is just a new burden to which we are all supposed to aspire.

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*See Ernest Becker, Denial of Death.

Shame on the humanist psychologists who advocate perpetual growth.

There is no place to grow. We are just us. We are finite. We are defined by our genetic code at birth. We can't "grow" beyond that. We can only "go back" to who we really are. What happens is that cultural (environmental) circumstances warp us away from our genetic code, (the natural development or unfolding of ourselves). To that degree we are neurotic or crazy. Therapy consists of getting us to accept who we really are, and allowing ourselves to function in an optimally gratifying way as our genetic code, built into us, will foster. Jonathan Livingston Seagull, trying to grow past his genetic code is a raving maniac -- and of course our culture worships him.

Expecting people to limitlessly grow is one of the things which generates insanity. Getting people to accept their limits and like who they are and function accordingly out of their self-experiences -- is therapy.

Let's stop using the wrong words. Let's stop using grow. Let's use "get-back to your real self" or "get-back to your genetic code". It describes what it's really all about. This concept is very basic to my therapy methods with overeaters.

Finding Before Seeking

In Saul Bellow's latest novel, Humboldt's Gift, (for which he was awarded the Nobel Prize), he mentions the concept of finding before seeking. By this he means the poetic intuitions and insights from which the deeply significant understandings of life and human affairs really come. He refers to Albert Einstein's as an example of intuitive finding. The seeking, the experimental proof was left to the technicians, the researchers. And it required decades to verify Einstein's theories experimentally. Einstein was more a poet than the usual run of scientist.

In a somewhat similar way, what I am in process of writing about has come to me mostly from insights (finding before seeking), although as I will relate, I verified the insights by observing hundreds of people in my various groups to discover patterns and by trying out scores of different home actions. My intuitions came first. My seeking the particular techniques was accomplished later, over time.

Graduate Research Papers

In his latest novel, I Hear America Swinging, Peter DeVries has, at the very beginning of his book,

the hero making a study of the causes for divorce in Iowa as a dissertation for his Ph.D. degree. The dissertation is rejected by the committee of professors in the Sociology Department. The reasons for the rejection are that the dissertation is "neither a systematic collation of statistics on the subject, with conclusions suitably drawn nor a convincing assemblage of case histories based on interviews with the people behind the statistics", etc. The hero argues, to no avail, that the real but hidden reasons for divorce never come out and statistics would be meaningless and useless. His subjective approach is closest to the real truth.

When he is rejected by the Sociology Department, the hero registers in the English Department, submits the same research paper as an anti-novel novel and is awarded a Ph.D. in English. He uses this Ph.D. to establish himself as a marriage counselor, which was his original intention anyway. DeVries makes this amusing point about the absurdity of certain stuffy kinds of graduate research.

This paper is being presented towards my being awarded a Master of Arts degree. It is based upon many years of subjective effort and results in my art form. It will not necessarily resemble the typical graduate

research paper. What I have accomplished in real life will compare favorably, I strongly feel, with the usefulness of most graduate research papers. Please, reader, be open, patient and broad enough to allow me my "poetic license". After all, this is an Arts degree sought after.

BACKGROUND

History

I spent the years 1955-65 in psychoanalytical psychotherapy with J. J. Geller, M.D., one hour per week. He came from the William Allanson White school which is primarily Harry Stack Sullivan oriented. In addition, from 1959-65 I was in group therapy two hours per week with the same Dr. Geller. This was bound to have an effect on my orientation as to psychological theories and therapies.

From 1967 to 1969 I attended Group Relations Ongoing Workshops (G.R.O.W.) in New York City to learn how to facilitate group interactions and to acquire a certificate as a "Group Facilitator". It was then, while studying Gestalt Therapy and coming across the concept of introjection* I made my first intuitive speculation. As I read about introjection I said to myself that this might be a common behavior pattern, to a high degree, for compulsive overeaters. There must be several more kinds of basic characteristics which overeaters have

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* Perls, Hefferline and Goodman, Gestalt Therapy.

in common. I would look for them over the months of reading and observing people in groups and when I had accumulated them I would find a way to communicate the findings "to the world".

By 1973 I had been continuously leading various kinds of group seminars in various growth and educational centers. I had thereby collected about 10 basic characteristics which I felt were central to persons functioning as compulsive overeaters. At the time I didn't know how I could write to communicate these concepts to the psychology world. But, I was doing various group workshops. So I decided to start doing workshops for compulsive overeaters based on these patterns.

The basic concept behind my methodology is that overeaters seem to function in life in certain ways and these ways of functioning are tied up with overeating. Non-overeaters don't function in these ways. Therefore, my logic goes, if an overeater can learn to function in different ways, then the overeater will no longer be an overeater, and the relationship to food will change. I saw my task as devising ways the overeaters could learn to function in life differently than they usually did. I would not deal with food, diets or eating as a basic cause or area of remedy. My prime intuitive rule was:

"Overeating has nothing to do with eating. It has to do with feelings arising from self-concepts and life situations".

The Origin and Nature of My Basic Methodology

There was an intuitive assumption I made that was different from the usual psychotherapy approach and its origin was talmudic or rabbinical in its orientation: if you practiced something you became it. If you say to a rabbi that you don't believe in God or in the truth of the Bible being God's words, he will respond that it doesn't matter for now. Just follow the laws and the rules and in time you will believe. A good example of how this works is the custom of saying "kaddish" for a dead parent. By the time an elderly parent dies the son is a middle-aged non-believer. But, out of love and respect for his parent, knowing that she would deeply desire he do it, he would attend temple services every day, morning and night, at the end of which he could say the special "kaddish" prayer for the dead. Invariably, going to services twice a day, every day for a year, the son would be caught up in the Jewish life again and become a believer and Jewish activist again. An extremely effective technique which has served the Jews well for

millenia. Do the acts, behave like a Jew -- and you will soon believe like one.

In a somewhat similar manner, I thought that overeaters learned to deal with their life situations in certain ways. This caused them to have the psychodynamics of an overeater which results in their overeating. If they could learn to behave in new ways in response to their life situations they would no longer be functioning as overeaters and thus their psychodynamics would not be as overeaters.

In the usual psychotherapy approach the client comes in with behaviors (ineffective ways of dealing with life) which are not desired. The therapist helps the patient discover and change her psychodynamics and then the undesired behavior changes. My approach is the converse. I get the client to work at changing certain behaviors with the expectation that this will change her psychodynamics. Actually, both occur simultaneously, back and forth.

This is different than behaviorism. The behaviorist denies the existence of psychodynamics. There is only mislearned behavior. Unlearn the bad behavior and learn the good behavior. ~~There is no psychodynamics~~ are.

I, of course, believe that the essence of humanity is psychodynamics; and changing behavior will change the psychodynamics, just as changing the psychodynamics will change the behavior. They are linked and feed back and forth to each other. And that is the basis of my methodology.

Overeater Patterns

The overeater patterns of behavior are thus the key to my approach. If being an overeater means functioning in certain ways, then changing that functioning means not being an overeater any longer. This compilation of characteristics comes solely from my personal subjective observations of hundreds of overeater personalities in my groups and in my life. I did no statistical study while acquiring them. I leave that to others.

It seems that almost every human will have some of these behavior patterns to some greater or lesser degree. They are human patterns. The significant point is, however, that an overeater will possess almost all of these characteristics to a high degree. I have occasionally had non-overeaters in my groups (drug or alcohol compulsives) to whom these patterns did not apply, which supports my point.

When I started doing my workshops I had accumulated about 10 of these patterns. Over the more than 3 years since, I have gathered the others. I don't remember which I got, when. I'll just list them as I have them now.

a) Compulsive need to overeat -- This is basic. There is an ongoing, day by day compulsion to overeat. Many overeaters handle this by steady, strong, compulsive dieting or daily periods of fasting. These stay thin. They may not eat much, but the compulsion is always there. Most just give in to the drive and overeat. The odd point here is that there are many thin compulsive overeaters. Obesity is not the test of being an overeater. The need to compulsively eat is.

b) Mostly gulp food rather than chew thoroughly -- A kind of greedy, infantile frenzy to get it all ingested before any of it can be shared or taken away. Yet, usually the eating is done absent-mindedly. Where did all the food go?

c) Ultra-high expectations of self -- "I am never good enough. I am not pretty enough. I am not smart enough. I am not competent enough.", etc. I should be and do much more."

d) Poor self-image - The overeater sees herself as much less than what she really is in appearance, intellect, and competence. Closely connected to high self-expectations.

e) Frequent need to put self down - Must often remind oneself, several times each day, how inadequate, incompetent, ungainly, unattractive, foolish, weak, etc. one is.

f) Excessive need for approval from others - "They must like me and what I do or have, and I'll do anything and everything to accomplish that." Usually needed most from those who will never give approval no matter what the overeater does.

g) Mirror effect - Able to know self only as a reflection from others. "They know better than I do what I want, what is best for me, what is wrong for me."

h) Separation is too difficult - Clinging to persons or situations relentlessly despite constant pain. "My work makes me so unhappy, but where could I get so good a job again?" "This relationship is terrible, but where could I find someone else to love me so much?"

i) Significant persons are toxic - constantly getting poisoned where she needs to be nourished. (More on toxic and nourishing later).

j) Often feel isolated and lonely - even when surrounded by friends and relatives.

k) Compliant - good little girl who always follows the rules and tries to please mommy and daddy - and all other parent surrogates. Except for the rebellious type who almost always rebels or is aggressive (30% approximately).

Note: Rebelliousness is the opposite side of compliance. They are similar in that they are both an automatic response to authority figures. The more spontaneous reaction would be to pick and choose when to comply or when to oppose based on personal wants.

I noticed an interesting phenomenon here: invariably the compliant had mothers who were stronger personalities than the father; the rebellious had fathers who were the dominant parent. Again, I did no statistical study, just my observations. I leave this for future researchers to verify.

l) Not assertive - indirect or manipulative in getting what she wants. Or, on the other side, doing and giving what she doesn't want to do or give. Reluctant to confront, oppose, ask for her own wants. Except for rebellious/aggressive type who almost always finds opportunities to ask for or demand.

m) Confused - Usually does not know what she wants. Feelings are so numbed out or conflicted she has no way of telling.

n) Oppressed by circumstances -- she has set things up (unconsciously) so that she is being misused, subordinated, exploited. This assuages guilt feelings or verifies her deserved punishment for her failings. "My life is lousy because I am fat." This avoids the true cause and effect: "I have become fat because my life is lousy."

o) Containment of repressed anger - often misdirected and dumped inappropriately. Not being able to openly and directly display anger when it is generated and thereby affect her environment, she stores up anger from many situations until she explodes when safely alone or on someone non-threatening (child or dog, etc.) or eats to soothe the anger.

p) Possesses little trust or hope - "I am always looking for someone I can depend on, and I'm always being disappointed. Things are not getting any better and they never will." Fixated at the Erik Erikson* infantile stage of life where trust and hope were not nurtured.

q) Often inactive and bored - functioning at a low level of body, sensory or skill activity. Not experiencing

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* Erikson, Erik, Identity: Youth and Crisis.

all the excitement and stimulation available to an active, experimenting, involved person.

r) Often feeling bad - stuck at secondary levels of feeling (anxiety, guilt, boredom, depression, numbness, anger, etc.) because she won't allow herself to consciously feel the primary feelings (fear and hurt) which circumstances generate.

s) Not autonomous - must cling to dependent, subordinate, child role. Very close relationship to mama maintained - or to mama surrogates. Reluctant to accept existential aloneness and be responsible for self.

Notice that introjection, as such, is not included among the list of overeater characteristics, although introjection was the first pattern I originally recognized. Introjection is the process of swallowing mama's values undigested while gulping mama's milk. (See Gestalt Therapy by Fritz Perls, et al for a thorough discussion of introjection). It is too general and theoretical and thereby too vague to be used as a description of overeaters' behavior for my present purposes. However, it is apparent that introjection is closely allied to several of the listed patterns:

c) Ultra-high expectations of self;

d) Poor self-image;

e) Frequent need to put self down;

f) Excessive need for approval from others;

g) Mirror effect;

k) Compliant

l) Not assertive

Changing the Patterns

After recognizing and accumulating the overeater patterns, my next task as I saw it was to devise methods to get the overeaters to change these patterns of behavior. This could be done individually or in a group. I chose to work in groups because it was the mode to which I had become accustomed and was more economically feasible. Persons were not going to pay me, an unknown, without academic credentials, a high fee for individual consultation. There was an even better reason for working in groups. Each participant could benefit from the shared experiences of the others, gain insights and recognize patterns which would otherwise have been kept out of awareness.

I had by then (4 years ago) evolved to the theoretical position that, since the origins of neurosis develop in the life situations one meets as one grows

up, the reversal of neurosis can best occur by dealing with life situations in new, different ways. I agree that transference onto the therapist is a powerful tool, as Freud* originally discovered. And new ways of functioning learned by trying them out on the therapist is a valid and valuable process. However, unless and until the client carries those new behaviors and ways of feeling out into real life situations, the desired end results haven't been accomplished. Therefore, I believe, the change process can be done more directly, much more quickly and more expeditiously if actually developed and carried out right in the ongoing living process itself. This, rather than first working it all out by transference onto the therapist and then having to bring it all into real life situations. My intended method doesn't eradicate the transference. It still develops and can be used. It's just that I don't intend to wait the extended period of time to have it develop so I can use it as the prime method for change. As another factor, working in a group, the transference is in many directions. Not only is it onto the group leader but often onto other participants.

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*Freud, Sigmund, A General Introduction to Psychoanalysis.

This diffused transference tends to be diluted and is more difficult to use directly by the leader as a change device.

My strategy was (and still is) to introduce numbers of specific actions for the clients to experiment with doing in their life situations -- a kind of active homework. These homework actions would be introduced, explained and initially practiced or dealt with in the group. Then the clients would be expected to carry them out back in their lives. If these homework actions were devised suitably they would stimulate awarenesses of repressions and distortions. These homework actions would enable the client to gain experiential awareness of her self-concepts and life situations and would motivate change. As the overeater changed her self-concepts and her reaction to life situations, and changed the actual life situations themselves, she would be functioning less and less like an overeater personality and her relationship to food would change accordingly.

The critical parts of my method are the homework actions. How to devise such actions which will give the relevant awarenesses? Over the years I have experimented with scores of these actions and am still doing so. It is only by shared verbal feedback from the clients that

I was able to weed out those that seemed effective from those that weren't. In the section on methodology I will discuss in detail some of the homework actions I am currently using. I constantly continue to seek for or devise new, additional ones. My thought is that the more of these I have available for use the greater the chance that someone of my clients will have a device for break through to new awarenesses and change.

Workshop Series vs. Ongoing Groups

For three years I conducted groups as limited series in a number of educational centers; first 6, then 8 and finally 12 weeks per series. I discovered that the clients would gain significant awarenesses and progress dramatically in their lives and their changed relationship to food. Twelve weeks of the series, however, was too short a time to completely and permanently alter a group of life time patterns. At the end of each series we would mutually agree about a course of future action for each client to follow to work through what had been begun. The client would continue to pursue this on her own for ultimate resolution and satisfaction of her conditions and goals.

I later would discover, upon checking back, that too often (perhaps always) the progress stopped almost concurrently with the end of the series. The clients couldn't (or wouldn't) conclude the process on their own. Although a good start had begun and much of what was gained was held onto, continual progressive working on the factors tapered off rapidly after the conclusion of the series. I had to face up to the reality that I needed to make available to my clients an ongoing group to which they could belong until they were satisfied that they had progressed as far in changing their conditions as they wished. I had to take on the logistical tasks of providing a location and publicity which the education centers had previously provided. It was a kind of going into private practice. I started the "Ongoing Overeater Groups" in May, 1976. Now a client can stay connected to the group until she has substantially and permanently created new modes of self-concepts and life situations which satisfy her.

Client Goals

The clients come in seeking a way to lose weight and be permanently thin and are prepared to do what is

necessary (they think) for that sole goal. They end up finding and experiencing deeper, fuller gratifications in life and knowing that being thin is just a small part of it all. Contrary to the leading humanist psychologists (Rogers*, et al) who claim that the therapist's role is to always follow the lead of the client (the client knows her problems and inherently the solutions,) I arrogantly choose the real goals which includes the client's stated goal as only a minor part.

Of course the client knows her problems and her solutions. But, they are in the unconscious, severely repressed and blocked from awareness. To pursue the client's stated goals is nonsensical. To accept, at face value, what she consciously is aware of is superficial and a lazy avoidance of responsibilities. The so called humanist will argue for "respecting" the client's thoughts, wishes, positions, etc. To "respect" consciousness is to "not respect" the unconscious -- and that is a cardinal sin for a therapist, so called humanist or not. The therapist must dig for and discover reality with the client and reality isn't in the client's awareness. Hopefully the therapist knows where and how to find it.

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* Rogers, Carl, <u>On Encounter Groups</u>.

REVIEW OF RECENT LITERATURE ON OVEREATING

There is no listing in the indices under overeating. To find anything relating to the subject, one must look under obesity. This is a strong clue to the mis-orientation of the professionals in the field. They look at the physical manifestations and deal with that. The behavioral symptom is the compulsive overeating and behavior mod methods work on that. There are some psychologists and psychiatrists who make attempts at dealing with possible psychodynamics, but they use the usual methods of general psychotherapy. Nowhere did I see the overeater listed as a particular category of psychoneurotic. The inference is that "obese" persons come with all kinds of different psychodynamics. For me, this is the key misunderstanding. I hope, after this paper, a new viewpoint will be taken.

I will review below several of the articles in the literature which have relevance for me, that is some indication of understanding either how past and present methods are generally inappropriate and/or dealing with exploring the psychodynamics for a means to alleviate the conditions of obesity:

Stunkard, A.J. and Mendelson, M.: "Obesity and Body Image" American Journal of Psychiatry, 123: 1296-1300, 1967.

Summary: "The disturbance in body image is characterized by a feeling that one's body is grotesque and loathsome and that others view it with hostility and contempt. This is associated with self-consciousness and with impaired social functioning. . . . The disturbance is not affected by weight reduction but has been altered by long term psychotherapy."

My Comments: This relates to total poor self-image of which the body image is just a part. Stunkard and Mendelson do not recognize that this is a desired, clung to characteristic (unconsciously, of course) to reassure the overeater that she is unworthy and must remain safely in the subordinate role of child attached to mama.

Noting that the disturbed body image is not affected by weight reduction is a very valuable observation. This relates to the very first inquiries I generate with clients -- see page 41, Getting Down In Weight -- And Not Staying There. Often an overeater will say, "Even when I diet, get down in weight and look thin, I can't stop thinking that I

am really a fat person, and everybody knows it. They're not fooled."

A mention is made that body image is altered by long term psychotherapy. No mention is made about the specifics of the psychotherapy methods used nor the psychodynamics explored leading to the alteration of body image.

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Silverstone, J.T.: "Psychosocial Aspects of Obesity" Proceedings of the Royal Society of Medicine, 61: 371-365, 1968.

"The prevalence of neuroticism and psychiatric disturbance among obese patients was found to be no greater than among normals, . . . " .

"The only finding which did point to an association of psychological factors to obesity was the number of women . . . who stated that they ate more when they were anxious. . . . and in times of stress they may turn to this food for comfort and relief. . . . obese women are more likely to act in such a manner than those of normal weight."

My comment: I guess for 1968, or even today, it is important to acknowledge that overeaters are no more crazy or neurotic than others of the general population. What is missed here by Silverstone is that overeaters do have a specific set of patterns by which they can be recognized and dealt with therapeutically. See page 17, Overeater Patterns.

Discovering or verifying that overeaters eat when feeling anxious is a rather mediocre and hum-drum conclusion. That is an easy observation for anyone, out of ordinary day-to-day living. It certainly is not profound enough to be a main point in a professional paper. On page 43, under Feelings and Life Situations, many other "bad feeling" causes for overeating are dealt with. In addition, other causes for overeating are the non-experiencing of "good feelings" (stimulation, affection, excitement, acceptance, etc.) plus the other general category for overeating in the triad of general causes -- the need to be ineffectual so as not to separate and not be autonomous.

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Penick, S.B. and Stunkard, A.J.: "Newer Concepts of Obesity", Medical Clinics of North America, 54: 745-754, 1970.

". . . food intake is determined to a considerable degree by environmental factors."

"The traditional medical model could well be considered as inappropriate . . . . This model defines an authoritarian role for the physician who prescribes a diet and appetite depressing medication. The patient loses weight, if at all, in large part to please the doctor and to meet his expectations. When the relationship is terminated or attenuated, the patient discontinues the diet and regains weight."

"Systematic application of the principle of the new-field of the experimental analysis of behavior (behavior therapy) may help . . .".

My Comments: I agree that overeating is determined by environmental factors if one is referring to those factors in the early life of a person which determine her self-concepts, values, attitudes, beliefs and life-situation structures. This is certainly the proper direction for recognizing the root causes for overeating rather than trying to control the physical act of eating, which is, after all, only the symptomatic acting out generated by the psychodynamics.

Penick and Stunkard further point out the long range futility of the medical approach of diet and appetite

suppressants and they should be commended for this intelligent awareness. But, then they revert right back to suggesting dealing with the symptom -- the physical act of eating -- by using behavior mod techniques. This is such foolishness. Can't they understand their own words? That dealing with the eating process, the client will comply as long as she is in contact with the therapist? That with separation the unconscious psychodynamics will cause her to revert to her compulsive eating? That the only long range way to generate change is to alter the psychodynamics of the client?

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Bruch, H.: "Psychological Aspects of Obesity", Medical Insight, July-August, 1973, p. 23-28.

"Before weight control can be successful, he needs to become aware of the conflicts and circumstances from which he has tried to escape by excessive eating, and he needs help in growing beyond his basic sense of incompetence and helplessness."

"A frequent assertion states that the psychological problems of obese people are due to the rejecting social

attitudes. . . . those most hurt by this are individuals who suffer from severe self-doubt and have a poor body image and inadequate self-concept, with consequent extreme dependence on the opinion of others, in all areas of living -- not only in regard to weight and appearance. . . . If excess weight alone is taken as the starting point, without regard for other developmental aspects, the delineating of the psychological problems in obesity remains vague and contradictory."

My Comments: Here is a person I can agree with fully. Bruck is "right on the beam" when she points to need for dealing with the underlying psychodynamics (conflicts and circumstances he tries to escape by excessive eating). She also recognizes the basic incompetence and helplessness, which I relate to the need to remain attached and to avoid autonomy. I feel she would be very much in accord with my orientation, what I have discovered and the method I use for encouraging change in the overeaters.

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Holt, H. and Winick, C.: "Group Psychotherapy With Obese Women", Archives of General Psychiatry, 5:64-76, 1961.

". . . psychoanalytic group psychotherapy with

6 women . . . once a week, 2 hours per session . . . age range 38 to 54 years . . . each had made at least 2 previous attempts to reduce and failed . . . average to superior intelligence . . . average 33 pounds overweight . . . background genetic factors and position in siblings appeared to have little relevance . . .".

"Everyone had a mother who was overprotectingly rejecting and a father who was ineffectual, weak and submissive . . . mothers had close ties with daughters . . . overtly wanted daughters to lose weight, but covertly wanted them to remain ill. . . . All became obese in mature adulthood."

"The patients seemed to feel that the specifics of diet and ancillary medical activity were less significant than their larger attitudes towards themselves."

"Feelings of worthlessness began to be increasingly important in Betty's fantasies about a year before treatment began."

"They began to realize the extent to which they had set up situations in which they were associated significantly with persons who exploited, derided or rejected them for being fat."

"Betty's relationship with her rejecting mother and selection of husbands who ultimately rejected her were approached during the period of treatment. She

realized that she felt her husband was worthless because he had married her."

"Several of the patients . . . had demonstrated a serious lack of self-assertiveness in their arrangements . . . they could not previously express their resentment or hostility toward their husbands because they needed to retain every source of approbation and feared disapproval.

"In adult life, as a result of some important crisis or situation, the defenses which they had used to shore themselves up against reality began collapsing. They regressed by overeating, which became a major defense."

"By the last session (6 months) their weights were very similar to what they had been at the first session."

My Comments: Holt and Winick have discovered some very basic characteristics of overeaters with which I fully concur. I like the terms they use, "protectingly rejecting mother" who has close ties with daughter. This relation to mama is the key. A mama who is controlling, manipulative and non-respecting, and toxic in the ways described later. (see page 79).

These patients realized that diet methods were not as important as their self-concepts in causing the

overeating. Holt and Winick also became aware that their patients were not self-assertive, had poor self-images and feared disapproval as basic characteristics. In the end, even with so much awareness, after six months, the clients were at the same weight. This, of itself, would not be discouraging if changes were going on in the ways these clients functioned in their lives. There was no indication in this paper that substantial changes in life were taking place. And this very much illustrates my basic point about conceptual awareness, of itself, not generating change.

Holt and Winick performed with excellent skill and insight in the usual psychoanalytically-oriented group psychotherapy. But not enough motivation is generated, by this method, in the six months, to effect changes in the lives of the clients. My contention is that my methods do get the clients motivated to make changes in their lives, so that having changed their ways of functioning in life sufficiently, they have a significantly reduced compulsion (in terms of frequency and intensity) to overeat.

METHODOLOGY

I start each new person by explaining that the method we will be using is not about food or diet. That the constant concern with food, diets, weight, calorie counting, etc. is just busy work to actually avoid what is really happening. "Overeating has nothing to do with eating. It has to do with feelings which arise out of self concepts and life situations." The beginners, for a few weeks, will want to keep talking about food and diets and such. I purposely do not respond to this but will ask instead about feelings and what is happening in their lives. They soon learn to talk about feelings and life situations in the group and then be concerned about these things back in their lives instead of the previous food and diets. This is a primary goal for me (not initially theirs) and is usually accomplished in a few weeks and almost 100% for those who stay in group and feel that this is the way they really want to go. The drop-out rate is high. 20% the first 2 weeks plus 20% in the next 4 weeks. These persons who drop out expected just another diet or some other fad method of "do it to me" so I can succeed for a while, then fail, to prove "I can't change and I was (and you are) a fool to try." Since accepting

that overeating has to do with life situations and not food, is already a big win, and the drop-outs need to keep failing, they leave before they become "seduced" into accepting those realities. As in all therapies, nothing is of avail unless the client is really prepared to become aware and risk change and believes the therapy will assist in this.

Notebooks and Sharing

The clients are asked to work privately in their notebooks. It is strongly suggested to them that they write and write every thought and insight down. I point out how we sometimes get a great idea or significant insight and we tell ourselves we will remember it and work with it at some later time, only to forget it completely at that later time. Once written down it is captured forever. Our unconscious sometimes slips things past the resistance and the censor expecting us to either not be aware of it, or to forget it. We fool the process when we write it down (hopefully).

The clients are further informed that they do not have to share with me or the group anything they don't want to -- anything that is private or secret or may be embarrassing. Note how this is contrary to usual

therapy procedures where the client is admonished to reveal everything that comes to mind. My method seems to make more sense on two counts. First, if the client knows she doesn't have to share, she can be more open with herself in what she writes down in her notes -- and that is far more important that her revealing it. Secondly, having experienced various kinds of therapy and encounter groups over 15 years, I am convinced that each participant only shares what she wants to, or can allow herself to, anyway. So, if persons are really going to share or reveal only what ultimately they choose to, why not give them permission to do exactly that? Why place an additional burden of guilt on them for not having been fully open or honest? So, I don't. I let them experience the power, control, responsibility or autonomy of choosing what or what not to share. After all, it is the power and autonomy of free choice where we are ultimately heading. This encourages them to experience the power of free choice from the start.

Getting Down In Weight -- And Not Staying There

We start their self-exploration from a critical place where all of them have been. I ask, "You have, at some times in your life, stayed on a diet and gotten

down to a weight and a figure you could be satisfied with. But, ultimately, you couldn't stay there. What happened? Why couldn't you stay there? Why couldn't you keep what you wanted to have?" To most of the clients this has happened a number of times. Some claim they have always been overweight. These admit to sometimes dieting for awhile and getting noticeably down in weight. So, they all can relate to my posed situation and questions.

There tend to be certain key responses which repeat with every new group of clients:

"It wasn't worth it. It took a lot of will power and self-deprivation to get down there. It was good to look nice and have people tell me so. But, aside from that, all the great things I expected still didn't happen for me. It wasn't worth it."

"I became very frightened. I had all sorts of new possibilities come at me -- men, social, work. I had always put off doing many things, blaming my fat. I would do them all once I got thin. Now that I was thin I felt I had to start doing them. I could no longer delay with an acceptable excuse. It was all too overwhelming, too frightening."

"I liked being thin. In fact, for a long while I couldn't eat anything and became extremely thin. People

began to say I didn't look good -- I was getting too thin. I don't know why I started to overeat again."

"It was my husband's fault. He and I had a big argument. I forget what about. Then I started to overeat again. He doesn't appreciate me."

Most just say they don't know why they regained all the weight.

For some, who could recognize it, this was a beginning awareness of ambivalence. They didn't just want to get thin -- they also wanted to be fat. Some of these also recognized the connected feelings: fear, disappointment, hurt, anger. Those who didn't know why they regained the weight also profited by this exploration. They became aware that they weren't aware of what was happening inside their feelings, attitudes and thoughts. Becoming aware of "not being aware" is perhaps the biggest step of all.

Feelings and Life Situations

Again, just as part of the beginning of the self-exploration, I ask the clients to think of recent times when they felt the compulsion to overeat. "What feeling preceded that? What feeling caused the desire to overeat? Write it down!" After they have done this I ask, "What life situation generated the feeling which

caused the desire to overeat? What was going on in your life at that moment? Write it down!"

I ask if anyone wishes to share what she has discovered. Some share. Most don't, because most don't know what feelings preceded the need to overeat nor the life situations related to it.

(Let me explain here, I never define what overeating is. I leave that up to the client to do that for herself. It may be eating the "wrong things" (too many calories) or "too much" at a mealtime, or snacking of high calorie items between meals or just gorging on some goodies. For my purposes, it doesn't matter. I certainly don't ever want to get back to talking about calories and diets. I also give the clients permission to do whatever each wants to about being on a diet or not. I am purposely casual and indifferent about what and when they eat.)

Some of the typical kinds of sharing on the above questions are:

"I overeat because I'm bored and lonely. During the day I'm alone. My husband is at work; my kids are at school; my housework gets done and I don't know what to do, so I eat."

"I also overeat because I'm bored and lonely. I'm busy at work all day, but in the evenings when I'm home alone, when I haven't got something to do, I feel lonely and bored. I watch TV and raid the refrigerator during each commercial."

"I relate my overeating to being angry. It's usually after I've had a fight, an argument with my husband or my kids -- or my mother."

"I eat when I feel good. When I'm feeling great about things is when I will stuff myself on goodies. When I feel bad I can't eat."

I purposely do not pursue any of these responses. Typically, the therapist would take off on these and question, explore, probe further about feelings, reactions, similar situations in the past, connect responses, possible remedies, other more gratifying ways, etc. I don't do any of this. I trust that my homework actions will do the job in time, when we get to them. At this time I just want the clients to begin noticing and connecting feelings and life situations to their overeating -- to become aware of and accept that there are recognizable and "dealable with" causes for overeating.

I give them their first homework: "All this week, everytime you recognize the urge to overeat, quickly

look at what feelings were there just prior to the urge and what life situations were going on that caused the feelings. Write it all down! Also, if you don't know, write that down. It's important you get to know that you don't know. Notice, I'm not telling you whether to overeat or not. That's your decision. If I were there and you would ask me, I would say to do what makes you feel good. A good deal of what this group work is about is allowing yourself to feel good as often as possible. If you really felt good most of the time you wouldn't be an overeater. Also, the responsibility for your decisions are your own. You will, in time, learn to more often make the ones that gratify you and enhance your life the most. For now, just try to remain alert to all that will be happening and continue to write it down."

"By the end of the week you will see the beginnings of a pattern of feelings and related life situations which have a causal relationship to your overeating. It will be in these areas of your life which will be most fruitful for you to begin exploring, wondering about and dealing with."

Eating As Awareness and Power

At the next meeting of the group I go on to a new item for experiential awareness. I ask the group:

"Think of when you eat. Do you pay attention to the actual act of eating? Do you experience the act of biting or slicing and forking or shoveling a forkful or spoonful of food into your mouth; the sloshing of food about by your tongue; the grinding and chewing, the impact of your teeth; the pressures and bulgings of your inner cheeks; the slithering of food past your throat down your gullet as you swallow? Do you experience all the sensations of eating? Or do you distract yourself by reading or watching T.V. or by talking or even just thinking? Are you consciously part of the process of eating or are you always somehwere else? Give yourself a score from zero to ten. If you always pay attention to the process and sensation of eating, it's a 10. If you often do, it's an 8 or 7. If you never pay attention, always distract yourself, it's a zero. If you are sometimes aware of eating, but mostly distract yourself, give yourself a 2 or 3. If it's half and half, give yourself a five."

"In any case, score yourself with a number. Rather than leaving the concept vague, the scoring forces you to be specific. And the specificity helps you become aware of what's really going on. We will use scoring and numbers as often as it is appropriate to do so."

"Next, when you eat, do you chew thoroughly or do you mostly gulp the food down? Think about it and give yourself a score from zero to ten. If you always chew it's a 10. If you mostly chew it's a 7 or 8. If you always gulp, it's a zero. If mostly gulp, a 2 or 3 and so on."

Many of the clients are bewildered. They are not quite sure what they do in an exact enough way to score themselves specifically. That's why the numbered scoring is so valuable. I reassure them that there is no right or wrong. That the purpose is just to start them becoming aware of themselves, even if it is becoming aware of how unaware they are of certain things.

I give them the homework related to this: "This week, every time you eat, I want you to pay full attention to the eating process, chew thoroughly and don't gulp. Don't distract yourself by reading or T.V. or chatter. Pay attention and chew. I'm not telling you how much to eat or what, nor to eat slow or fast. That's up to you. Just pay full attention, chew and don't gulp every time you eat."

When we meet the following week I ask for sharing of experiences on this. Almost all have had a great deal of difficulty. Some have "forgotten" to do it. Some

have decided not to do it. (These I support by acknowledging their decision not to do the project as an autonomous act of power and self responsibility. They can try this homework when they choose to.) Most say that it was too difficult, too boring to just eat and pay attention and not do something else while eating. Some protest, "Eating is a social function. I always eat with family or friends and we always talk. How can I be with them and not talk and not pay attention to them. It would be artificial and rude."

My response is: "That's true, it is artificial. It is an exercise to get you to begin dealing with why you overeat and how to change that. Notice your reluctance to do something to change things. Be aware of your resistances. It is possible to learn to talk with others in a group while eating and still be aware of all the sensations of eating. If that is really too difficult you could save the important talk for after you had finished your eating. Notice how you have set up your life to do 'important talk' at meals so that you don't experience the process of eating -- and yet, eating is just about the most important process in the life of an overeater. What does that mean for you?"

"Or notice that when you are with others, you lose yourself. You can't pay attention to what's happening with

your own sensations. You are too busy wondering about what 'they' are thinking, about how you can impress them or control the situation; what you can do to be seen or appreciated -- or whatever it is that prevents you from experiencing your own sensations -- one of the most important sensations of all for you -- the sensations of eating."

Others say that they only paid attention a few times during the week and tried to chew thoroughly but couldn't. It was too frustrating or they became too anxious. Some became nauseous or angry. Chewing thoroughly was too difficult for most.

Some get to pay attention and chew thoroughly a few times during the week. They invariably report that the food tasted better or they actually tasted the food for the first time. They found they filled up sooner and left food over on their plates, something they never did before -- throw food away. They found that someway -- they couldn't quite explain how -- they related to the food differently.

I go on with directions and explanations: "Eating this way -- paying attention, chewing, not gulping -- is a basic exercise for overeaters. I want you to learn to eat this way. Keep trying to do it until it is a natural part of your life."

"This exercise has important psychological meaning for you. If you continually forget to do it or, trying it, find it too difficult to pay attention, please know that you are giving yourself a basic message. The obvious part is, 'I don't want to be aware of my eating process.' The less obvious, but more significant message you might be telling yourself is, 'I don't want to be aware of what's happening in my life. I don't want to experience the Now and be aware of feelings and sensations.' We can possibly allow ourselves this conclusion by acknowledging that eating is probably the most important function in an overeater's life. If the overeater avoids paying attention to and being aware of this most significant of all bodily functions for her, then we might readily assume that she is telling herself to not be aware of most other significant factors occurring in her life. In any case, what often seems to happen is that when the overeater pays more attention to the process and sensations of eating she also seems to simultaneously learn to be more aware of what's really happening in her life that is relevant to her well-being and satisfaction. It is almost as though paying attention to eating <u>caused</u> her to develop a new desire to "see" what was also going on in her life."

"In a like manner notice that, if you can't chew and must gulp, you are apparently giving yourself the message that you don't want to take over the control and experience the power of the eating process. Eating is an extremely powerful process. We literally attack the surrounding environment and kill something (be it vegetable or animal) and destroy it by breaking, cutting or biting and get it into our mouths to further crush it and grind it with our teeth, dissolve it with our saliva, and swallow it into our digestive tract where our enzymes and juices will allow it to be absorbed as nourishment for our own selfish well being. Chewing is an aggressive and powerful act. Not allowing yourself to experience it is possibly an indication of a reluctance to experience one's ability to have power over the environment generally. If one gulps like an infant, one also might be lying back like an infant waiting for 'them' to do it to me. 'I am not powerful enough to do anything about the world for myself. 'They' are doing it to me.'"

"As the overeater learns to chew instead of gulp, almost simultaneously, it seems, she learns to know her power, her autonomy, her sense of being able to do things in the environment for the enhancement of the self, in a way that she never fully knew before. Again, it is

almost as though chewing when eating enabled her to accept a new sense of being powerful about her life situations."

"So, continue at learning to pay attention whenever you eat, chew and don't gulp, until it is an habitual part of your life."

Scoring Overeater Patterns

I want the clients to understand, in a general way, what the process, which we will be using, is all about. I discuss my background in leading various kinds of group workshops and how I came to develop these methods for dealing with the overeater compulsions. I relate how I began and continued to collect the overeater patterns by observation of hundreds of persons. I explain that if, as an overeater, they possess some, or all, of these patterns to a high degree, then working in their lives to change these patterns substantially, will change their compulsion to overeat. By trial and elimination I have accumulated dozens of homework actions which, if acted upon in their lives, are purposely devised to affect and alter these behavior and attitude patterns. And that, simply, is what the group work is all about.

I explain that at some early stage in their lives they adapted to certain ways for dealing with the difficult and overpowering forces they encountered. And, these adopted patterns resulted in manifesting themselves in the overeating they are plagued by. Everyone needs to make equivalent adaptations. Hardly anyone escapes (I really believe no one) forming some kind of neurotic adjustment to being forced into cultural rules over the span of early childhood. These adjustments contain their own variety of maladaptive behavior patterns. Alcoholics and drug addicts will have developed their own kind of patterns; obsessive-compulsives will have another kind of set of patterns; persons susceptible to heart attack will have a different set of patterns (type A);* and so on.

I state that I am going to read the overeater patterns and explain each one as I do. The clients are to write a key word or two which will name the pattern, listen to my explanation, ask any questions to clarify the meaning of each, and then score themselves on each pattern. If the pattern is extremely true of one's

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*Friedman, M. and Rosenman R., Type A Behavior And Your Heart.

self, score a 10; if not true at all, then it is a zero; if highly true, a 7, 8 or 9; if slightly true, a 2, 3 or 4 -- and so on. Be sure to think about and score each pattern.

I assert that the purpose of scoring the patterns is just another step of self awareness. They will not be asked to share their scores, but it's important that they use this opportunity to look within themselves in the explicit ways suggested by the patterns.

I then read the patterns (see Background, p. 17 - 22) and I do whatever explaining is requested. The clients jot down a key word I suggest for each pattern then score themselves on each.

There are usually giggles of recognition and sighs of resignation as I read, and a quiet glumness settles over all. I reassure them that these are the factors behind their overeating compulsions and they can be handled by the group work and the homework actions which are geared to enable them to deal with and alter these patterns.

Sometimes, one of the group will claim that she scored low on all the patterns. I suggest that she is either not really a compulsive overeater or that she has learned to block her awareness of how she really

functions. "Why not stay with the group for a few sessions and see if it might have some value for you?", I offer. Occasionally, I get a client who is not really an overeater personality, but who is a few pounds overweight and is seeking a way to lose the weight. This type of person usually drops out in a few sessions, realizing that she doesn't really fit into what we are doing. A true overeater personality who scores low on all the patterns and who stays in the group and works on the homework actions ultimately realizes that her low scores were not real. When she scores herself again, at some future time, she will score in the high range and accept the validity of the patterns for herself.

From time to time a new client will say that she can score herself two ways: as she was several years ago before psychotherapy changed her, when every pattern score would have been high; and how she is now, with some low and some high scores. She is usually surprised, in a delighted way, to acknowledge patterns of behavior that therapy hadn't altered and she usually recognizes that these patterns do relate to her overeating in some way.

I ask the group, "Is there anyone who doesn't see how these patterns relate to overeating?" Very seldom

does anyone raise her hand to acknowledge not seeing the connection. In either case I explain, "You overeat because of 3 general reasons. There is the area of life situations and self concepts which often generate bad feelings for which you use the overeating to soothe you and to compensate you. There is, next, the area of excitement, stimulation and gratification which your being craves. You have learned, at an early age, to refrain from involvement in many of the kinds of activities which offer these pleasures and then use the overeating as a substitute satisfaction. And then there is the puzzling area of putting yourself down, not fully succeeding, being self-defeating, avoiding autonomy and using the overeating to assist in these self-defeating devices wherever it can be used. You can see that the overeater patterns, overall, outline the life-style methods by which the 3 general areas manifest themselves."

"The homework actions are especially devised to affect the overeater patterns by affording you the opportunity to gain experiential awareness of how these patterns function in your life so that you will be motivated to risk changes in your self-concepts and life situations. As your patterns of behavior and attitudes

change, your relationship to food will change till your compulsion to overeat will be at a low acceptable level of incidence and intensity. You can (and automatically will) move at as fast or slow a rate as is comfortable for you (or your fears or inhibitions will allow)."

I tell them that I will have them score themselves on these patterns once again in 2 or 3 months so they can see what changes have occurred in that time. At that time, some persons note that many of the pattern scores have gone down but some have gone up. I ask them if they know how come. The usual reply is, "When I originally scored those patterns I didn't believe they were true of me, so I scored them low. Since then, I've learned, only too solidly, how really true of me they are and I now score them at the appropriate high level."

I point out, "It is probably very significant for you that you didn't recognize those patterns in the beginning. These are the areas that you are most likely repressing the hardest, and it is in just these areas where you can do the most effective work for yourself. Pay particular attention to the homework actions which relate to these patterns."

Likes and Dislikes

Low self-esteem and the need to put one's self down are good places to start working. At the next session I give the group a timed minute to write down a list of things they like about themselves, and then another minute for listing what they dislike about themselves. I remind them that they will not be asked to share their lists, "So open up to yourselves", I say, "and see it in writing."

Next, I ask them to list the likes and dislikes about Mom in 1 minute each and then the same with lover or spouse or, if not having either at present, the last most recent lover or spouse. When the three sets of lists are done, I ask the group to compare these three lists for patterns, similarities, differences, or anything that strikes them, and write down their discoveries. I then ask for questions or any sharing on these lists.

A frequent discovery is that the self like and dislike lists are the same as the ones about mama or that mama's lists are similar to the lover's lists. Often one points out that there are similar or connected items on the self-like and self-dislike lists. Usually the clients find it easier to make a long list of self-dislikes than it is to produce a short list of self-likes in the one minute. Sometimes a client will share that

she has become aware that there are things she dislikes about the significant persons in her life and that she will overlook these disliked things and still love the persons. But, equivalent or similar things in herself, that she dislikes, she cannot accept or tolerate. She accepts faults in others more readily than in herself.

Two Things Most Liked

I next ask the group to "list the two things about themselves that Mom likes the most. Then list the two things about yourself that Dad likes the most. Then do the same with brothers, sisters and lover or spouse. Look these lists over and note any patterns or other awarenesses."

"The homework action on this area of exploration is to ask each of the significant persons in your life (mother, father, brother, sister, lover or spouse, then any other relatives or friends who were close in your formative years or are close now) the question: 'What two things do you like most about me?' What to notice (and write down) when you ask each person is:

1. How did you feel as you asked?
2. How do you surmise the other person felt?

3. What happened in the interaction? Were you taken seriously or shrugged off?

4. Were the responses what you anticipated or different, and in what ways?

5. Anything else you became aware of?

6. How do you now feel about your relationship with each one?"

The following week when we review this homework some of the usual kinds of experiences described are:

"My mother (and/or father) said that she liked me because I was her child. When I asked her to be more specific she said that she liked that I was a good, decent person that she could be proud of. It pissed me off that she couldn't see anything about me -- my abilities, or my intelligence or aspects of my personality.

"I got the feeling that my father (and/or mother) didn't want to be bothered with what he insisted was a nonsense question. I felt that he would rather have criticized me about some things that seem always on the tip of his tongue. He pointed out that, as my father, he of course, loved me. Why was I getting mixed up in all this kind of nonsense?"

"My sister (or close friend) surprised me by liking a couple of things about me I never expected. She was very warm and supportive."

"I didn't ask anyone. I'm really too embarrassed they'll think I'm just asking for compliments."

"I don't have to ask. I know what each will say."

As a response to this last statement I point out that "it is extremely important not to do the homework actions in your head. Even though you know exactly what will happen, it is critically important that you experience it to get the experiential awareness. Conceptual awareness will not cause change, experiential awareness will. In addition, more often than not, what you experience will be different than what you expected. And, if you don't give it a try, you will never know that."

In reply to the next to last statement I ask the person to "be aware of the nature of the relationship that would cause embarrassment over this matter. Also, please notice to what extent your relationships depend upon your being humble, not asking for recognition of worth, not 'getting too big for your britches', not stepping out of line. For now it's O.K. not to do the homework. Someday, when you feel like you are up to

it, you can do it -- and notice what new awarenesses, in addition to what you have already noticed, it will bring."

Typical Group Session Format

At this point, I should explain that the group sessions tend to take on a sort of regular format. At the start of each 2 hour session I will ask if anyone has anything she wishes to share. The typical things usually brought into all kinds of group therapy sessions, the problems, concerns, frustrations of life are discussed and anguished over. Solutions for life's difficulties are asked for. The "soap opera" episodes are eagerly and greedily exchanged. These are the typical "grist for the mill" items of usual psychotherapy procedures. I strongly feel that this is just cover up and avoidance methods, similar to all the usual, original concern with weights and diets. I don't relate this attitude to the clients, for fear that it would drive them away. I've got to leave them some coverup to play with. I always ignore all their talk about food and diets and weight so that, early on in the group, they learn to stop talking about those things. If I also restricted their "soap opera" talk I'd leave them so devoid of cover they would feel

too uncomfortably naked -- and leave. So, I try to make the most of these items by directing attention to:

"How would your mother feel about your actions?" "Do you think you were born with that attitude? Where did you learn it?" "When did a similar thing happen at an earlier time in your life?" "Which one of those possible decisions would your mother want you to make?" -- and so on. At least directing as much of this avoidance material toward useful goals.

A very important distinction must be made here: Notice that the very material that is the essential focal point for psychotherapy (the episodic actions, feelings, problems) are the gobbledygook, cover-up garbage for me. The psychotherapist has to wade and wander through all this garbage to find the nuggets of gold to work on. My methodology generates a mine of gold nuggets by:

1. Specializing in only part of the dysfunctions (neurosis) spectrum (overeating) and dealing only with that kind of pattern.

2. Recognizing how that group "acts out".

3. Using specific ways to generate experiential awareness relevant to the "acting out" patterns (homework actions);

4. Concentrating in the group sessions on the episodes, actions, feelings, problems generated by the homework actions.

It is amazing how the initial "soap opera" period is always initiated and clung to by the group. It is seldom that a client will directly go to discussing homework. And if one does, the next person will return to soap opera material. I feel certain that the group would gladly spend the entire 2 hours talking "soap opera", if I would let them. At some point into the session I will ask for homework review. Most participants do not volunteer to share their experiences with that week's homework. Most haven't done the homework for that week. Luckily, some have done some so that we usually have some things to talk about. If I feel that not enough has been dealt with, I reassign that homework for the following week. And we get more feedback on that topic the following week.

The clients move along, doing the homework, each at her own individualized rate. Most find some homeworks easier to do than others and will work on them first so that the homeworks are actually done in a variety of orders different than the way I presented them. Many times a client will not do a certain homework until it

has been discussed thoroughly in group and something "clicks" for her, or until she feels "right" about it or until things within herself and her life make it easier or suitable to do it. I feel that this choosing of what and when to work on things is all part of learning the autonomy so essential for overeaters, and so much avoided.

During the latter part of each session I introduce the new material and its corresponding homework actions. Each section of this methodology portion of the paper will describe some of the individual new kinds of material introduced each session, as has been begun above.

Self-Like List

At the next session of the group, I say, "We are admonished all our lives to not be arrogant, to not boast of our accomplishments, to be humble. 'The meek will inherit the earth'." Overeaters ordinarily take to this directive with ready compliance. It safely serves their need to reassure themselves that they are not ready for, not worthy of being autonomous, of separating from mama.

I continue, "From your list of self-likes choose five that you wouldn't be embarrassed to read aloud."

Many of the clients state that they don't have five, that they can't think of more than one or two, and even those were hard to dig up. I suggest they listen to the self-likes stated by the other participants and they may get some ideas for themselves. Usually this is enough to allow them permission to accept likeable things about themselves.

"I want you to read your list aloud, one at a time and before each item say I like my such and such. Say these items boldly and arrogantly, with pride, like you really believe them and expect others to acknowledge them. Keep each item short and sharp with no explanations or reservations to water them down. See how it feels to boast in front of a group."

Just about everyone has some difficulty with this. Maybe a nervous tremor in the voice or a hurried reading to get it over with. Most will stumble or bumble over the readings in a sheepish, embarrassed way. Some will combine all the self-likes in one rushed sentence, until they are asked to state each separately.

Many will make some statements with reservations. Example: "I like my warmth, although sometimes I do get annoyed or angry when somebody does something I don't like."

Many will have a need to explain: "I like my intelligence. I used to get high marks in math and science and I can figure out things pretty well. People tell me I'm smart."

I ask these persons to be aware of the discomfort they feel if they just simply state things they like about themselves. "Do you think you were born that way -- not liking yourself? Somewhere along the way you learned it. Where?" I ask them to repeat the list simply and directly without reservations or explanations. When I ask each one how she felt reading the list invariably the response is that it was difficult, strainful, but was good to do.

The homework is to build a list of 25 self-likes (later I tell them to increase the list to 50). There are moans and groans about not being able to do 10 self-likes, let alone 25. I tell them not to try at one sitting. "Just keep in mind that you are building a list of self-likes over the weeks. Each time, in the course of living your usual life you discover something you like about yourself, remember to jot it down. Your list will build. As you ask people what they like about you, you might agree on some of the items and add them to your list. The idea is to get used to experiencing things you like about yourself, rather than the usual self-put downs. It will be scary, but it will be good."

"The second part of homework on self-like lists is to choose 10 self-likes from your list. Then tell two different ones to five different persons so that you have covered all the ten you have chosen."

"There are two kinds of reactions you will get. Some persons will say, 'It's really nice you feel that way about yourself and I agree. I also like such and such, and such and such about you.' The other kind of response will be, 'What's all this bragging about? What makes you think you're so hot. There are lots of things you ought to work on improving about yourself instead of wasting your time patting yourself on the back like that.' You can quickly recognize the 'shits' in your life." There is always a gleeful burst of laughter in the group at this statement. I go on, "In addition to recognizing the real shits in your life, you might ask yourself, how come I keep these shits <u>in</u> my life."

"The prime purpose of this homework is to get you used to hearing yourself saying nice things aloud about yourself. And to experience the supportive reactions from others. That it is really O.K. to like yourself and to let others see and hear that you appreciate <u>you</u>. It's scary, but it's good. Make it a part of your life."

An additional thought on the self-like lists. When the clients first make them up, the lists contain mostly personality characteristics of well-behaved, giving, helpful, good citizens -- hardly ever any physical or body characteristics: I like my warmth, sensitivity, helpfulness, empathy, availability as a friend, etc. I point this out to the group and encourage their looking for physical capabilities (dancing, musical instrument playing, sewing, or other skills, etc.); body parts (eyes, hair, legs, breasts, etc.); ego enhancing functions (intelligence, perseverance, will-power, etc.). They soon acknowledge these kinds of self-likes with new-found delight.

Compliments

"Our parents have a tremendous investment in us, their children -- time, pain, money, patience, frustration, etc. As parents, they expect a pay-off by being able to bask in the glow of our successes and accomplishments. We are the means to their end. The statuses they didn't achieve themselves they expect to achieve through us. That is what the rewards of parenting is all about -- as set up by the culture. And parents expect their payoff

Right from birth their chief concern is whether we will succeed in the combat arenas of our society. They expect us to be excellent in all we are or do. As a result they are always, continuously correcting us. They know what is right -- what will get us there. They perpetually criticize us. Seldom do they acknowledge what we have done, the capabilities we exhibit. They expect that. No, it is most important, critical to life, that they point out our flaws, imperfections and mistakes. Set us on the true course. See that we get better and better. After all, that's what the responsibility of being a parent is all about. Children are born wild animals who must be tamed to fit into society. Left to their natural inclinations, children would grow up to be terrible misfits. They must be continually corrected. And so we, their children, learn to be continually critical of ourselves, the chatter in our minds endlessly pointing out to ourselves how we screwed up again and all the ways we still have to keep getting better and better."

"When we are old enough we are brought into our parent's religion. There we learn that God is perfect, we are not, and we must strive endlessly to be better and better so that we glorify God. Never are we allowed to feel that being a human animal with all of our human

characteristics is good. No, we have a life-long duty to struggle toward perfection to please God. And so we learn another source and form for being self-critical."

"Next we go on to school. The teachers hardly ever look at the 80% we get correct. No, their job, they think, is to point out the 20% we still haven't got. Everyone must strive towards 100%. So, it's year after year of pointing out how we are still short of what we should be learning and doing. And this goes on and on. So, we learn to incorporate another source and way of being self-critical."

"Finally, we get into the world of work. Our boss is paying us to do the job he expects. He seldom looks at what we do that is O.K. Why should he? He is paying us for that. No, when he talks to us it is to communicate what we have done wrong or haven't yet done. So, it's criticism, day after day. Another source for our self-criticism."

"We are so used to the life-long chatter of self-criticism in our heads that we think it's a natural state -- that we were born that way. Because we are always criticizing ourselves, it is automatic, when we are with others, to privately, in the confidence of our own minds

(and often openly) criticize all others. We look for their failings. How they don't look good enough, or what they say isn't so, or what they do leaves things to be desired. They are not so hot as they seem at first crack. We compare ourselves to them, and in our minds cut them down to our size or below us. If we aren't as good as we should be, well, so aren't they. Criticism, criticism, criticism."

"Of course, the other side of the coin exists too, and often concurrently. We often put certain persons on pedestals and worshiping them from afar, see them as all-powerful and all-perfect. We could never be as worthwhile as they are. But, we will leave this kind of reaction, for now, and just deal with the first -- constant need to criticize."

"One of the basic characteristics of overeaters is self-put-downs. And I want us to deal with that now. I want us to deal with that constant self-criticism. It makes us feel despairing and hopeless. Overeaters will soothe themselves by running straight to the refrigerator or cupboard and gorging on their favorite soothing foods."

"What I propose to do is to use compliments to counter-act the self-criticism."

"When you give a compliment what you are doing is recognizing something that delights you in the other person and you are communicating that recognition. Instead of looking for the flaw, instead of being critical, instead of looking for what isn't there, noting the deficiencies, you are seeing what actually exists and you are liking it -- and you tell the person. How different this is from the constant seeking for faults and flaws."

"There are a number of worthwhile payoffs for the self from giving compliments:

1) It breaks and reverses the chain of constant criticism. We criticize others mostly because we have learned to constantly criticize ourselves. If we learn, by being a complimenter, to drop the automatic criticalness of others and to look at the positive assets and delightfulness of others, we tend to reflect this process back onto ourselves. We learn to stop being so self-critical and rather to enjoy being aware of all the ways we delight ourselves, satisfy our own needs and perform effectively. We learn to pat ourselves on the back -- to self-stroke.

2) Compliments generate warm, appreciated feelings in the complimented. We all need recognition of others. Those complimented will feel and behave closer to you.

Compliments enhance relationships. Your relationships will improve.

3) Often, giving a compliment gets you a compliment back. So, you increase the opportunities for being stroked when you give strokes.

4) Giving a compliment is an act of power. You are setting yourself up as a judge and out of this self-appointed position of power you are beneficently ruling that the complimented person is worthwhile and a delight to you. Learning to feel and act powerful is essential for overeaters in order to reverse their usual tendency to feel and be subordinate. We will be doing additional work on power later on."

After the discourse on compliments I gather the group in two concentric rings facing each other. One at a time, I ask each pair, facing each other, to exchange compliments. Then I ask the inside ring to move one person to the right and compliment the person in the outside ring. I ask the outside ring to respond only with a thank you, nothing more. I continue to have the inside ring move one person to the right and give a compliment, with those on the outside ring not reciprocating except to restrict themselves to a thank you. Later I have

the inside ring stand still and receive the compliments as the outside ring moves one person to the right at a time.

Some of the responses I usually receive after this exercise are:

"I like being complimented. I received some compliments I never expected. I never thought of myself that way."

"It was hard for me to believe some of the compliments. They seemed artificial and phoney."

"Some compliments make me feel uncomfortable. When I get those kind, I wish people wouldn't make them."

"It was hard for me to receive a compliment and just say thank you. I felt I needed to give a compliment back and was uneasy with the restriction."

"The compliments, giving and receiving, made me feel so much closer to everyone in the group. I feel like I'm glowing."

I next give the homework actions for the week: "Give at least 5 compliments a day, one each to five different persons. And, do this every day this week." I later extend this action for a lifetime: "Make giving compliments a way of life for yourself. Give at least

5 a day, every day. And if you can give 10 or 15 per day, that's great. Look for and communicate those things in others which delight you. You may then be able to allow yourself to see the things in yourself that delight you."

Compliments Not Wanted and Avoided

Compliments are the most typical forms of one person stroking another. The importance of stroking and being stroked in human emotional needs is at the basis of Eric Berne's* theories of human interaction as he expresses them in the discipline he invented: Transactional Analysis. Berne contends that if we are not stroked our spines shrivel, both figuratively and literally, and we die. He contends that the need for stroking is the basis for all human interaction. Even negative stroking is better than no strokes at all. It is strange, therefore to discover that overeaters (perhaps all of us) dislike many kinds of sincere compliments.

As I get the participants working on compliments in their lives, invariably some of them will complain that they are getting compliments back and they don't

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*Berne, Eric, Games People Play.

like them.

"People are complimenting me back just because they feel they have to, and I don't really believe what they say."

"They compliment me just because they want to manipulate me, to get me to do what they want."

"Sometimes when people compliment me I know they are sincere and mean to be nice, but I don't want the compliment, it embarrasses me. The compliment isn't really true. I can't accept it."

I have discovered a number of reasons why over-eaters do not take compliments, why they avoid certain kinds of sincere stroking, while they actually, desperately hunger for being stroked. In the course of the groups I point out the dynamics and ask the participants to be aware of these kinds of reasons and watch for those which apply to them as they avoid or disdain certain compliments given to them.

I have to begin to limit the size of this paper (it could go on for hundreds of pages) so I will not go into full descriptive detail on this portion. I will just list, in outline, the causes for disliking compliments and save the full explanation, discussion, and client reactions to them for a future paper.

The Reasons for Disliking Compliments

1. Being set-up for a zinger (criticism)
2. Must ever hereafter live up to it (never let down again)
3. It reminds me I'm not 100% (not as good as I should be)
4. If I do too good, evil will befall me (superstition and rivalry)
5. You're great -- we did it (mom and pop always get into the act)

Armed with these insights, the group participants observe their avoidance of compliments, check out the particular reasons and think back to the patterns of their childhood to discover for themselves exactly how they got into the bind of avoiding sincere stroking. Maybe, after awhile, they'll even get to allow themselves to accept some of the stroking they couldn't enjoy before.

Toxic and Nourishing

In early 1971, when I first came to Los Angeles to live, I met a gestalt psychologist living in Santa Monica: Jerry Greenwald.* He handed me four monographs

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* Greenwald, Jerry, How To Be The Person You Were Meant To Be

he had written on the concept of toxic and nourishing functioning in the interaction between persons. I had come across the terms before, but he had codified them and had gone into deep descriptive detail and structure. I had set the monographs aside among my collection of useful papers. When I began doing my overeater groups in 1973 I searched through my papers for ideas to use and came across these monographs. I discovered that overeaters always have toxic persons significant in their lives and I have continued to use the toxic/nourishing dichotomy as a tool in my overeater groups.

I have pulled certain concepts out of his monographs and, using my own words, have composed a toxic/nourishing table juxtaposing the eight basic characteristics I find most useful. I read this table to the group, one characteristic at a time, asking them to jot them down and score mama on a 0 to 10 scale. If, in that particular characteristic, mama is nourishing, then score a 10, 9, 8, etc. If mama is mostly toxic in that characteristic, then score a 0, 1, 2, etc. If half and half then score a 5. Be sure to score mama on how she behaves towards you, not as you see her behaving towards others. They may be entirely different ways of behaving for her -- and of meaning for you.

Quantifying crystalizes concepts and values. Since there are eight sets of characteristics, the participants end up with a set of eight numbers. If the numbers are mostly 7, 8, 9, 10 then mama is mostly nourishing. If the numbers are mostly 0, 1, 2, 3 then mama is mostly toxic. The toxic/nourishing chart is on the next page and marked Table I.

After the scoring, during which there are ah's and oh's and giggles and groans of recognition and discovery, I ask for hands on who discovered mama as toxic. Most (about 75%) raise their hands. The rest (25%) raise their hands for mama being nourishing. It is not usual that mama is scored half and half.

I next make what seems like an overly strong statement. "In the hundreds of overeater clients I have encountered over the years, I have never met an overeater with a nourishing mother. Invariably the mother is mostly toxic. I want you to pay attention to this next statement: If your mother had truly been nourishing, you would not be an overeater."

"There are some mothers who may be progressive, permissive, liberal, who seem loving, understanding and sympathetic, but these do their toxic work with such a

	TOXIC
1. Feel joy, delight and well-being when with this person.	1. Person leaves you feeling drained, frustrated and let-down.
2. Fulfills own needs; stands on own two feet; seldom needs to lean; independent.	2. Needs to lean and uses others for own ends - manipulative and deceptive.
3. Gives freely and willingly; enjoys giving.	3. Gives with strings; instills obligation. You must feel grateful and pay back or made to feel guilty or selfish.
4. Does not force favors or help on others or intrude or give unwanted advice.	4. Insists on intruding help and advice on you - knows what you need.
5. Appreciates and enjoys what is given.	5. Poor receiver. Never enough. Doesn't enjoy or appreciate. Asks for what wasn't given.
6. Accepts flaws in others and still values them; doesn't expect perfection.	6. Overcritical, emphasizing flaws; must be perfect.
7. Listens to you and responds to what you say.	7. Doesn't listen or respond - too busy rehearsing what he will say. Then floods with excessive inappropriate boring talk.
8. Likes to enjoy the happy parts of life.	8. Attracted to trouble and unhappiness, problems and sorrows of others and self, bad events.

TABLE I

finesse that it is impossible to detect, offhandedly. One must be alert and watch carefully and want to see it, to detect it at all. But, it's there and has been poisoning you all along."

I can see the faces harden, of the ones who scored mama as nourishing. They don't want to believe this. Some leave the group shortly after this point. Most stay, and in subsequent weeks share with us how they are beginning to discover that mama isn't all they had thought she was. They had needed to believe she was other than what she really was. They also needed the group support to have the strength to face up to, admit and proclaim that they have always, deep down, resented (hated) the way mama dealt with them. It becomes a tremendous break through for these participants. A whole new, terrifying world opens up.

Back to the entire group, I give, as homework for the week, the scoring of all significant persons in their lives on the toxic/nourishing scale. "See who is toxic and who nourishing. Observe what this means for you. Next week we'll talk about what to do with it all."

The following week, after they have scored their significant persons on toxic/nourishing I get these kinds of remarks:

"I don't think I have any nourishing people in my life. Everybody is toxic. Even I am toxic. What do I do?"

"My best friend is toxic. No wonder I always feel so terrible when I'm in contact with her. And I'm beginning to understand her attraction for me and why I've clung to her. It makes me sick to even think about it."

"I've always been close to my cousin. She has always been supportive of me, even though she is six years older, even when we were kids. She still is supportive and scoring her checked out. She is the most nourishing person in my life."

"This new guy I recently met is really neat. We like to talk with each other. I see him at lunch. It's not a dating or sexual relationship. We just like each other. He is very nourishing."

I go into additional discourse: "The toxic/nourishing scoring is very useful. It sharply makes you aware of the way people in your life function -- if you continue to use it and be alert to it. Once aware, it is easy to see the persons in action, to watch their nurturance or poison unfold. If you have a nourishing person, value

and hold that person close. Dealing with the toxic person is a bit more complex. If, after you recognize a person as toxic, you can get that person out of your life, then do so as quickly as you can manage it. On the other hand, if the toxic person is a parent, brother, sister, spouse, relative, business associate, etc., it may not be readily possible to discard that person. In that case you must keep yourself reminded of the toxic nature of that person, minimize your contact and when dealing with that person, never expect anything but poison. Don't try to change that person -- it never works. Don't let yourself be "soft-soaped" by occasional empathy, interest and respect -- you're just getting set up to be 'zapped'. Don't try to understand, psychologize or explain away the toxicity of that person, because meanwhile you are being poisoned. If you continually stay aware of that person's toxicity, you will soon learn to be less and less affected. Then, one key source for your need to overeat and for the sapping of your power will have been voided."

Homework Actions

The key effective tool for my methodology is the use of homework actions. I am convinced that conceptual awareness, although essential and useful, does not of itself cause change in functioning. In any form of therapy from psychoanalysis on, the real changes occur, not in the therapist's office, but by the client doing something in life to gain experiential awareness. This motivates change in life patterns. Freud's purpose was to make the repressed unconscious become conscious. All well and good, but so what? I suspect that to change their lives for the better, his patients, and all psychoanalytic or psychotherapy clients, have to convert that new conceptual awareness into experiences in life. Be that as it may, I gear my group sessions to introduce experiential awareness directly into the lives of my clients by the homework actions which have been developed over the years, to affect those particular patterns of overeaters mentioned before.

There is not sufficient time nor space for the scope of this paper to include a full discussion and description of all the many homework actions I use. If I wrote about them all fully, as I have done the few above, this paper would obviously run to several hundred

pages in length. Instead I will list the major ones in outline form:

1. Feelings and Life Situations -- see above.
2. Eating As Awareness and Power -- pay attention, chew, don't gulp -- see above.
3. Self-likes and Dislikes -- see above.
4. Two Things Most Liked -- see above.
5. Self-Like List -- see above.
6. Telling Others Your Self-Likes -- see above.
7. Compliments -- see above.
8. Compliments Not Wanted and Avoided -- see above.
9. Toxic and Nourishing -- see above.
10. Who Is Threatened If I Were Powerful?
11. Failure As A Form of Power and Control.
12. Joys and Upsets.
13. At Least One Joy Per Day.
14. Score on 15 Sex Statements -- awareness of sexual patterns and values.
15. Noticing and Experimenting With Habit Patterns.
16. Two Ways I Disappoint Others The Most -- significant persons.
17. Two Ways They Disappoint Me The Most -- significant persons.
18. Expectations Behind the Disappointments.
19. Hidden Needs Behind the Expectations.

20. Connection of Needs and Expectations to Mama.
21. Reality Evaluation of Expectations -- related to disappointments.
22. Ultra-high Self Expectations -- fantasy projection of perfection, cultural messages.
23. Eighty Percent Does Not Equal Zero -- new values to live by.
24. How Do I Know What I Really Want -- ways to tell.
25. Dealing With Bad Feelings From Within.
26. Dealing With Bad Feelings From Without.
27. Phone Buddies -- keeping active and on course between group meetings.
28. Self-Destructive Ways To Be Close to Mama.
29. Releasing Guilt Feelings -- ending guilt manipulations by others.
30. Using Guilt to Change Personal Ethics -- self chosen and modified ethics to enhance life.
31. Need For Approval -- and how to get out from under.
32. "Evil Acts" To Free From Petty Oppressions -- self assertion, topple categories of inhibition.
33. "The Story of Larry" -- how we are all made into "mentally retardants" by our personal "institutions" and their "attendants".

34. Question Your Values.
35. Assertive Human Rights -- we forgot we have them -- a list of 11.
36. Infantile Behavior -- what is? how use? what connection?
37. Bowlby's Theories of Separation -- how relate to overeaters?
38. Three Month Programs -- to compensate for clinging and separation.
39. Glasser's Positive Addiction -- a pleasurable, absorbing daily activity.
40. Facilitative Factors For Relationships.
41. An Eating Experiment, The Natural Way.
42. Anger Exercises -- stimulating and expressing anger.
43. Carrot chew -- an eating experiment.
44. Feeling and Expressing Fear and Anxiety.
45. Learned Helplessness.
46. Ways to Deal With Depression.
47. Sexual Awareness -- current experiences.
48. Normal Is Not The Same As Natural.
49. Mama Is Food -- Food is Mama.
50. Sensuality Other Than Sexual.
51. Sensuality That Is Sexual
52. Sexual Values and Attitudes.

53. Advantages of Abundant Sexuality for Over-eaters.
54. Touch Theory -- cultural attitudes.
55. Massage In Your Life.
56. A Sense A Day -- concentration on the senses.
57. Relaxation Techniques.
58. Meaning Of and Security In Life -- death and ageing, immortality.
59. Aloneness, Loneliness and Autonomy.
60. Family and Holiday Gatherings -- recapturing the past, expectations, disappointments and despair.
61. Shame and Secrecy.

Survey of Clients

My faculty sponsor, Alan Brown, strongly suggested that I make a survey of my clients to discover what they think they have gotten and/or are getting from participating in my groups. He further suggests a minimum of 30 as a statistically viable number. I have queried 30 of my clients (all female) and they break down as follows:

Age range -- 20 to 30 11, 30 to 40 13, over 40 6;

Time spent in group -- 6 to 10 weeks 5, 10 to 20 weeks 21, 20 to 26 weeks 4;

Actually, I don't know what to do with this demographic information. I would say that the age range over the years was just about what the above figures indicate. And the typical length of stay in the groups (since making them ongoing and not limiting to 12 weeks) I would estimate at about five months.

Since my method is geared to dealing with the Overeater Patterns I have discovered (page 17), I feel the most useful way of evaluating the effects of the groups on the clients is to note changes in the patterns. I asked each surveyed client to score herself currently on the Overeater Patterns and then compare these new scores to the original ones done at the start of the person's

entering the group. Then to give me the score change up or down. I simply averaged these score changes as an average indication of change and I list them now: (note -- these are on a scale from 0 - 10)

a)	Compulsive need to overeat	-4
b)	Gulp food rather than chew	-6
c)	Ultra-high expectations of self	-5
d)	Poor self-image	-7
e)	Frequent need to put self down	-5
f)	Excessive need for approval from others	-7
g)	Mirror effect	-7
h)	Separation too difficult	-3
i)	Significant persons toxic	-5
j)	Often feel isolated and lonely	-4
k)	Compliant	-7
l)	Not assertive	-5
m)	Confused	-3
n)	Oppressed by circum-stances	-7
o)	Containment of repressed anger	-4

p) Possesses little trust or hope -6

q) Often inactive and bored -8

r) Often feeling bad -5

s) Not autonomous -4

Notice that I did not ask the clients for their actual scores, but what the changes in score were. One of the essential attitudes of my method is to allow the clients to keep private anything they wish to (see p. 40). I couldn't violate this privacy for the sake of the survey. It might be destructive to the self-responsibility and autonomy the method is trying to develop. I don't know if having their actual scores would add much to the value of the survey anyway.

It seems that the clients made the most changes (-7 or -8) in:

d) Poor self-image

f) Excessive need for approval from others

g) Mirror effect

h) Compliant

n) Oppressed by circumstances

q) Often inactive and bored

Several things can be inferred from these patterns. First, they need to have been scored very high originally (10 or 9)

to leave room for the amount of change. That means that the clients easily or comfortably recognized these patterns in themselves (little unconscious resistance to identifying themselves as such.) Next, it seems that my methods concentrate on these factors in a way that readily allows for or provokes change in them. And/or these patterns are more readily alterable -- more susceptible to change. There is a pattern in these patterns. They seem to indicate being able to now deal with new activities in life out of a better sense of self; able to better oppose the imposition of requirements from others; less dependent on what others think. These are important areas of change for an overeater in patterns which normally cause much of the need to overeat. I am gratified by this but it seems apparent that my method could be developed to be stronger in affecting change in some of the other patterns.

The low level of changes (-3 or -4) occurred in the following patterns:

a) Compulsive need to overeat
b) Separation too difficult
c) Often feel isolated and lonely
d) Confused
e) Containment of repressed anger
f) Not autonomous

These low changes may be due to originally low scores (due to being uncomfortable about acknowledging them -- unconscious resistance) and not much room to change. Or, it may mean that these factors are more difficult to quickly alter -- they take more time. And/or my methods are not as effective in causing change in these patterns as in the others. In any case, this survey indicates the areas where I could possibly improve my methods or provide more intense motivation. Exactly how, right now, I am not quite sure, but I can work on it in the future.

I would expect that the compulsive need to eat would be just about the last thing to change since it (and the fatness that goes with it) is the obvious symbol of the entire overeater syndrome.

Separation difficulties, feelings of isolation (and its fears) and autonomy are obviously interconnected and are, as I've stated above, the key factors of the overeater syndrome. To repeat, it is all about staying attached to mama, not separating and not being alone, self responsible and autonomous. And so, resistance to changing these patterns would tend to be the stiffest.

Confusion relates to not knowing what one really wants; listening to the messages pumped into the head,

instead. The solution to confusion is to allow deep, repressed feelings to come to awareness. Feelings tell you what you really want. Repressed anger is one of those feelings. The low scores on these two items indicate that I perhaps need to develop more methods which get clients into their feelings more directly and effectively.

I am quite gratified in having been required to conduct this survey. It has been a valuable indicator of what directions I might want to go with my methods in the future for further development.

In addition to surveying the scores of patterns, I asked them some general questions: "What was your purpose or goal in joining the groups?" The typical answers were to be expected, either, "To lose weight", and/or "To find out what was causing my compulsion to overeat and to deal with it and stop needing to overeat."

In response to the question, "What value did you get from the groups?" some said, "I learned to stop doting on my weight and diets and to deal with my life instead." Others said, "I got to know myself in a really nice way and I like me." Another kind of response was, "I'm living for myself now. I'm learning to let go of mama and to find my power and some day soon I'll be fully autonomous." Another response, "I still am heavy but I'm confident that

I'll take care of that at the end of the road. Right now I'm busy straightening out the shit in my life -- and I'm enjoying each day as it gets better and better."

I asked them, "What didn't you get out of the group? What is a disappointment to you? I was very surprised at the majority of the responses: "Nothing. I'm not disappointed. It has been much more than I expected. In fact, I couldn't have even begun to know what to expect, I was so unaware of what was happening to me". Others gave me the answer I expected, "I'm disappointed that I'm still fat." But, in each case, they softened it with, "But, I'm glad I have experienced the groups. They have done wonders for me and I now have hope about my overcoming the weight problem. I didn't have that kind of hope before."

To some that had left the groups I asked, "Why did you stop coming to the groups." The typical answer was, "Things were coming so fast. I felt overwhelmed. I need some time to digest and integrate all the changes and all that I've learned. When I'm ready, I'll be back for some more."

I feel gratified by the survey. I don't think realistically, that I could expect any more than what the survey indicates, (even realizing that responding directly to me, their answers are more flattering than if this had

been done anonymously).

So far as the scoring is concerned I feel very successful if any trait score goes below a 5. These patterns will probably never fully disappear and if they go low enough in sufficient numbers the person will no longer be functioning strongly with the general characteristics of an overeater. Her life is more likely to be fuller, more satisfied and she will probably have fewer and fewer periods of compulsive overeating.

SUMMARY

In this paper I offer, to the field of psychotherapy, two new items. First, a new method or procedure: Category Experiential Directive. It consists of isolating a category or group of the neurotic spectrum having similar symptoms and behavior patterns. Then discovering and collecting the significant self concepts, attitudes and acting-out devices of the category. Next, devising ways for the clients to gain experiential awareness concerning these patterns by means of homework experiments or actions. Then, in a group, communicating these homeworks to the clients in such a way (this requires the skill of effective group practice) so that the clients are motivated to perform the homework actions.

My second contribution consists of a specific list of overeater patterns which define the basic ways that this category acts-out its neurotic dimensions. Even if a practitioner chooses not to use my Category Experiential Directive method, but uses her usual techniques of therapy, this list may give new definition, new insights, new directions for any therapist dealing with the overeater type of personality.

Overeaters have a definite set of characteristics in common which define their neurotic mode for adjusting to life's (the culture's) difficulties. These characteristics manifest themselves as self-concepts, values, attitudes and beliefs resulting in certain kinds of outrageous life situations and body shapes. Having recognized these characteristics, one can see them actively at work in the life of the overeater. Assisting the overeater to acquire conceptual awareness of her psychodynamics does not of itself generate change in life patterns. Experiential awareness does. By the use of experiential awareness techniques (homework actions) the overeater experiments in her life and discovers by life experiences the structure she has constructed during her lifetime to keep her functioning in life as a compulsive eater. This kind of awareness seems to motivate change in her life considerably more than any of the other usual techniques.

The most obvious characteristic of overeaters is obesity and compulsive eating. Almost all clinicians dote on those as a direction for treatment. I have had many <u>thin</u> overeaters in my group who maintain themselves

by strong willpower and constant dieting or fasting. A much more accurate general description of this grouping of neurotics is: those who have a close, subordinate attachment to mama and who have structured a complex network of being so as to not separate and be a grown-up, autonomous, self-responsible individual and use the need for overeating and obesity as the neurotic mode. If someone could coin a Greek or Latin name describing this, it would be the most suitable way to label this group.

There may be additional characteristics which I have not recognized. For me, no new ones have come up for many months. The one general area I have not investigated thoroughly is the sexual. Perhaps my own sexual inhibitions get in the way. Or, perhaps, my fear that probing in the sexual area might drive my clients away is a realistic one. In any case, if an investigation could be made, I strongly suspect that it would find that the overeater is fixated at an infantile level, sexually. How this would manifest itself, I am not sure. Perhaps in primarily an auto-erotic, masturbatory way -- whatever that means.

Of course, like all other neurotics, the origin of overeater psychodynamics is in the family. The possibly best method of treatment might be family therapy -- treating the whole, <u>original</u> family of the overeater.

This would only be possible for those overeaters (young) who still live with their primal families. I would be eager to try doing co-therapy with a skilled family-therapist on a half-dozen families which have created an overeater in each. This would be a very fruitful direction for future experimentation on solving the overeater's problem. With or without me I strongly recommend it as a worthwhile project for family-therapists, using the directions and understandings outlined in this paper.

My therapeutic method is not a simple, easy, quick cure. No <u>real</u> therapy is. However, based on the feedback I have been getting from my clients over almost 4 years, my method seems to very much deal with and uncover the places where the overeater "really lives" and gives her the most direct method for becoming aware of and dealing with her network of adversities. My method still depends very much on the inner motivation, the strength of the urgent life forces within the client, although it tends to generate motivation by its techniques. The most significant effect that my method has is getting the client away from the befuddling concentration on diet, food and weight and onto dealing with the malfunctioning in her life and the avoidance of self-hood. And with this I feel I'm

very successful. So far as how much and how quickly each client has progressed towards altering her neurotic patterns varies from person to person. Some make amazing changes in a few months (often including permanent weight change); others, moving very cautiously with the homework explorations, may take many months (or even years) to make some small changes in root causes. Perhaps other clinicians or therapists, using my beginnings, can build to new refinements of the methods I have outlined here. I am open to full cooperation with them and welcome their interest and inquiries.

Writing this paper has been a valuable experience for me. It is one thing to "know" something in your own head, out of your own experiences. It is another thing to communicate it to others so they understand and experience what you know. It is, for me, a rather new kind of task. Expressing my concepts in speech allows me to make use of feedback from the listener. It is something I've done very often and, I believe, I do well. The listener can respond verbally and by insinuations in voice, facial expression and body signals; I can receive enough feedback as I go to continually modify my exposition and get my message across. In writing, I have to anticipate questions, objections and responses and deal with them as I write on. And, I may not be accurate, at all, in my anticipation.

I seem to have rambled about as I tried to express my thoughts, yet, as I reread it all, it seems to be there in a fairly effective order.

I would have liked to have covered all my homework actions in detail, but that will have to wait till I write a full book on it all one day.

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ADDENDUM

A REVIEW OF CURRENT LITERATURE AND SOURCES

The purpose of this addendum is to make a search of recent reports to discover what others in the field are doing that might support or refute my work or give me new insight I can build upon. Also, to indicate the sources for the theories and methods I have developed.

I searched the three most current years (1976, '75, '74) in Psychological Abstracts under Obesity. I selected 51 items to review. These seemed possibly related to my area of inquiry. Of these, I read 34 articles thoroughly and selected some of these as really relevant enough to deal with and write about in this addendum plus the reports dealt with in the main body of my paper. (see p. 29).

Possible Refutation Of My Theories and Methods

The crux of my theories is that overeaters function with a specific set of patterns -- self-concepts, attitudes, life situations, etc. If this is so and we get an overeater to change these patterns, so my theory goes, the overeater will no longer be functioning as an overeater and her relationship to food (overeating, dieting, fasting, gorging, etc.) will change. If overeaters do not really have a set of patterns that are recognizable, then my whole system collapses.

Boyd (1974) worked in this area:

"A wide variety of hypotheses have been developed regarding personality aspects of obesity, most theorizing that obese people possess certain personality traits or characteristics which differentiate them from normal weight or non-obese individuals -- the so-called "fat personality". A few of these hypotheses had been tested, and others had simply been accepted without testing as the basis for therapeutic work or weight-loss techniques, but few systematic attempts have been made to determine which behaviors and personality characteristics, if any, discriminate obese from non-obese other than the fact of being overweight. A pilot study was run to choose appropriate measures for the major study and resulted in the selection of (6 testing devices are named). The subjects were 98 females... 61 obese. . . 37 non-obese.

"The results demonstrated no significant differences between the groups except their weight characteristics. Obese subjects were not more field dependent than non-obese subjects; in fact, both groups obtained scores typically expected from the general female population."

I am not knowledgeable of any of the standard psychological tests and for my present purposes it is beyond the scope of my intention to make a study of them. For this reason I did not copy the names of the tests Boyd used. Whatever they were, I can't believe that Boyd can disprove the reality of specific characteristics for overeaters. These are some of the possible pitfalls

in her method, as I see it:

1) She tested two groups, 61 obese and 37 non-obese. Her basic mistake here is not to realize that obesity is not the indicator -- compulsive overeating is. There are many overeaters who diet or fast and are thin. How many of the 37 non-obese are really overeaters who diet? Probably a substantial number, because they would be attracted to volunteering for a study on obesity. The dilemma for Boyd is if she doesn't believe that a difference exists and that there is "no significant difference between the groups except their weight", she can't ever allow herself to select out these thin overeaters who might be distorting her test.

2) The tests she chose to use may not measure the appropriate characteristics. (see p. 17). They measure something, but not what is relevant to overeaters.

3) The tests may not really measure what they purport to measure.

4) Even if she selected out the thin overeaters and even if the tests really measured the relevant characteristics, her method wouldn't be indicative. The overeater characteristics are human patterns in that all humans will have these patterns in different mixtures of greater and lesser degrees. What differentiates the overeater is that she will have all or almost all to a high degree. Unless Boyd set her measurements up accordingly it would seem that all persons in her experiment had these characteristics and nothing would differentiate

the overeaters.

I must admit that a real value for searching the literature becomes apparent for me here. Others claim to have discovered specific characteristics for "obese" persons and since the academic world worships the "myth of the academic hierarchy" (those with higher accreditation are automatically more valid that those with lesser accreditation), I suspect that I would be automatically invalidated here (Boyd is a Ph.D.) if I weren't rescued by highly accreditated persons who have determined specific "obese" characteristics: Stunkard and Mendelson (1967) recognize "disturbance in body image"; Bruck (1973) recognizes a "basic sense of incompetence and helplessness", "severe self-doubt", "poor body image", "inadequate self-concept", "extreme dependence on the opinion of others" and (1971) Bruck recognizes "concepts of danger and separation", "marked inactivity", "poor social adjustment and emotional immaturity", "essentially passive, lacking in individuality and initiative", "conforming obedience", "indiscriminate negativism" and (1964) Bruck recognizes "a sense of helplessness", "a conviction of inadequacy and inner ugliness", "derogatory and self-destructive attitudes", "perfectionist drive for achievement", "dependent clinging to parents", "passive compliance"; Holt and Winick (1961) recognize characteristics of parents that are toxic (see p. 36 and definitions of toxic on p. 82), "feelings of worthlessness", "persons who exploited,

derided or rejected them" (other toxic persons in their lives), "lack of self-assertiveness", "could not previously express their resentment or hostility", "feared disapproval"; Jackson (1974) recognized negative body evaluation, less active bodies. Just about all of my claimed overeater patterns are supported here. Different words may be used, but the meanings are similar.

Behavior Mod As An Ally In Treatment?

As I read the titles in Psychological Abstracts of behavior mod studies in controlling obesity, I fantasized that I might adopt some of their methods and use them cojointly with my own methods in my overeater groups. I ordinarily shy away from dealing with or even discussing any form of weight control with my clients. I leave it completely to the discretion of the overeater whether she wants to diet, fast, eat freely, etc. as long as it isn't dwelt upon. We concentrate on dealing with the homework assignments and what they stir up in the lives of the participants. I fantasized that it might be worthwhile to put each client on some weight control program alongside of doing the homework. Then I read the behavior mod reports. They used a variety of modes: learning principles, electric shock aversiveness, imagery aversiveness, smoke aversiveness, self-reward, self-monitoring, bibliotherapy, self-control, therapist-control, eating rate control, eating habit control.

One of the typical examples is Mahoney (1974):

". . . an analysis of the relative effects of self-monitoring, self-evaluation and self-reward techniques . . . Subjects were required to leave a refundable deposit of $35 for the duration of the program . . . they received pamphlets describing basic stimulus control strategies for the alteration of eating habits . . . Subjects assigned to the Self-Monitoring condition continued their self-recording and, in addition, received standardized weight loss and habit improvement goals at their weekly weigh-ins. Subjects in the two Self-Reward conditions . . . were instructed to award themselves portions of their own deposit as reinforcement . . . 2 week baseline and 6 week treatment of phase. . . .

"8 weeks of continuous self-monitoring failed to produce significant reductions . . . The addition of self-reward operations to self-monitoring and goal setting resulted in significant improvements in weight reduction. . . subjects' magnitude of weight reduction was significantly related to their eating habits. As the latter improved, weight losses increased". (e.g. eat less amounts, less frequency, less fattening -- weight loss is more.)

"Consistent with previous investigations . . . there was marked individual variability in degree of weight loss. The exploration of this variability. . . poses a contemporary

challenge to obesity researchers.

In summary, over the 8 weeks, those who paid themselves back some of the money they put in deposit, lost weight. The others didn't. Also, Mahoney notices a marked individual variability in degree of weight loss. After the 8 weeks and they are back on their own, who holds their deposited money for self-reward? And how long will it take till it becomes a joke to put money in one pocket and then switch it to the other? I suspect they lost the weight to please the experimenter as Penick and Stunkard (1970) discovered. Shortly after the experiment the subjects will probably gain the weight back. Ignoring psychodynamics as a cause for "obesity" cannot ultimately succeed and treats the clients as dehumanized objects. Even if weight is controlled for awhile, what does the client do with the causative emotions and needs?

An interesting possibility was explored by Hogen (1974) who substituted a manual of behavior mod instruction for the therapist doing the behavior mod training:

"The personal relationship between therapist and client has been described as the heart of the therapeutic process . . . However, studies designed to provide data relevant to the validity of this assumption have failed to affirm a major role of the personal relationship . . . If the face-to-face client-therapist encounter is not absolutely essential, therapy via written materials (bibliotherapy), suggests an inexpensive

and widely available treatment method. . . .

"The treatment program outlined by Wollersheim (1970) . . . showed that a treatment based on learning principles produced significantly more weight loss over a 10-week treatment period than did social-pressure or insight-oriented therapy. However, the learning theory group also received a great deal of personal attention from the therapist. . . . Can a written presentation of principles previously found effective in the treatment of obesity produce significant weight reduction without a face-to-face encounter between client and therapist or therapy group? . . .

"The treatment group which received only the written manual lost significantly more weight than the control group, which received no formal treatment. (10 weeks). The difference in weight loss between the Manual Only and the Manual Plus Contact groups was not statistically significant . . . the importance traditionally assigned the face-to-face personal contact aspect of treatment, at least for obesity, may have been overrated."

Again, the "please the therapist" effect might be taking place over the 10 weeks even for the manual users. Since the behavior mod method is directive I can see why it might be just as effective without a therapist, so long as someone

was overseeing the clients and would finally measure the weight loss over a period of time. But, what about after 10 weeks, and what happens with the psychodynamics and the causative emotional needs?

My method is directive in utilizing the homework assignments, and I do review the effects with my clients to facilitate insights which might be helpful in experiencing and motivating changes. If I put my methods into a "self-help" type of book, I don't think the readers, working alone from instructions in the book, could achieve nearly as much as with the face-to-face contact with me or some other therapist using my methods. However, if a reader carried out the homework assignments as directed, I believe that a great deal of awareness experiences could be had, which would motivate some significant changes. The difference of projected effectiveness between my proposed book and the Wollersheim manual is the method of treatment -- behavior mod vs. psychodynamic. Although both methods are directive, mine deals with root causes whereas behavior mod pretends that psychodynamic causes do not exist.

An interesting report by a behaviorist, Hall (1973), sums up all this behavior mod stuff for me:

"Data obtained from a two-year follow-up of 10 obese women treated via behavioral methods is presented. . . A review of the recent literature indicates a number of studies with encouraging results obtained via the behavioral treatment of obesity. However, long-term follow-up data are generally lacking . . . . With regard to traditional treatment methods, such as drugs, psychotherapy and nutritional counseling, it has generally been noted that those overweight individuals who complete a course of treatment, and who lose weight, regain the weight lost (Stunkard and McClaren-Hume, 1958). . . .

"The S's were 10 females who had participated in a behavioral weight reduction program which was held June-Sept., 1970. At that time, all S's were members of Take Off Pounds Sensibly (TOPS), a self-help reducing organization. During treatment, all S's had received two forms of behavioral treatment over a 10-week period . . . instruction on self-management . . . S's earned tangible reinforcers through weight loss . . . (Hall, 1972). . . . In August, 1972 all S's . . . were sent a questionnaire . . . . The results do not indicate a long-lasting effect resulting from behavioral treatment of obesity."

I decided that I wanted no part of including behavior mod techniques in the treatment of my clients. It would be

counter-productive in that my clients would find it so easy to use the "fun and games" of behavior mod techniques as a diversion in support of their ordinary resistances toward dealing with the self-concepts and life situations which are the root causes for their overeating.

Reports Dealing With "Obese" Characteristics

The one person who has written extensively in this field and whom I have learned to respect and agree with, time after time, is Dr. Hilde Bruch, Professor of Psychiatry, Baylor College of Medicine. Her writings do not come from the usual academic artificially set up experiments, but from her observations and intuitions in real life functioning as a practicing psychoanalytically-oriented (I suspect) psychotherapist: (my remarks in parentheses)

(1971) " . . . many fathers were unaggressive . . . and the mothers were dominant . . . and were overinvolved with their fat children. (toxic parents)

" . . . muscular activity and social contact . . . were associated with concepts of danger and separation, resulting not only in marked inactivity but also in poor social adjustment and emotional immaturity. (inactive, separation difficulty, isolated, oppressed, not autonomous)

"In childhood obesity . . . the family disturbances are more likely to be in the open. In contrast, . . . in obesity which becomes manifest only at the time of puberty, the first information often suggests normal family relations. The parents will emphasize the normality of their family life, sometimes with a frantic stress on "happiness". Often they describe the "superiority" of the now sick child who had made pleasing compliance his way of life. When progressive development demands more than conforming obedience, this goodness turns into indiscriminate negativism and compulsive overeating . . . . After the condition has existed for some time, the picture is one of angry, hostile interactions between parents and child. . " (I've often wondered about the differences between those who were obese from early childhood and those who became obese in adulthood. This is new information for me.)

Case 1

". . . What was communicated to the girl was a feeling of obligation to compensate mother for what she had missed . . . Increasingly she became aware of how much envy and implied criticism there had been in mother's repeated remarks (toxic mother) . . . her mother's . . . insistence on perfection (ultra-high self expectations) . . . "I had to be good,

otherwise mother would not have stood for it; what I really felt I had to supress. I wasn't allowed to have temper tantrums or cry. (repressed anger) -- it was mother who passed the final judgment on what was right. (mirror effect) . . . .

. . . As she gained a clearer understanding of the disturbances in the family interaction (oppressed by circumstances), she felt less guilty and self-condemning about her helplessness, her inability to make decisions (confused) and assume responsibilities. She saw these traits as the unavoidable outcome of a life of obligation of pleasing parents. Her overindulged childhood had deprived her of experiencing what she felt in any situation and of defining her own goals and wishes. (not autonomous)

Towards the end of the treatment . . . she found she had become quite free in her eating habits . . . . Now she again enjoyed food and, to her amazement, she could eat accordinging to her taste and not gain weight." (A new, natural relation to food -- resulting from changed psychodynamics.)

(1964), ". . . These obese youngsters showed defects in adaptation on many levels of development . . . . Associated with this is a sense of helplessness (possess little hope), a conviction of inadequacy and inner ugliness - derogatory and self-destructive attitudes. (poor self-image; need to put self-down). . .

". . . The outstanding pathogenic factor in these families is the fact that the child is used by one or the other parent, sometimes by both, as a thing, an object whose function it is to fulfill the parents needs, to compensate them for failures and frustrations in their own lives . . . (toxic parents).

". . . The perfectionist drive for achievement persists and now becomes an obsessive preoccupation (ultra-high self expectations). . . the earlier climate of the so-called perfect homes had been achieved at the price of complete subjugation of the child, with impervious disregard of wants and wishes (oppressed) . . . . The events that precipitate this . . . appear to be often nothing more than the ordinary readjustment of life, like moving to a new neighborhood or school, going away to summer camp or college or just the demands of growing up with increased personal responsibility . . . (fear of separation, isolated, lonely, not autonomous).

". . . If failure of confirmation of child initiated behavior is severe, the outcome will be an individual who lives chiefly by responding to stimuli coming from others, be it with passive compliance or rigid negativism." (compliant or rebellious)

As can be seen, Bruck verifies a large number of my overeater patterns. She doesn't go into detail on her methods of therapy. I assume they are the generally used psychotherapy techniques. I would love to teach one (or more) of her students my methods to be used under her supervision, to see what results would occur in her environment.

Cleveland (1975) uses some psychological tests as a basis for counseling a client rather than to prove overeater characteristics don't exist:

"On the Rorschach, she gave 34 responses of which seven contained the theme . . . a signal for escape and deliverance (unconscious yearning for separation and autonomy) . . . . Is attempting to communicate to the listener a desire for rescue and for change . . . . Her Thematic Apperception Test stories containing repetitive themes of parental oppression and domination (toxic parents) suggest that much of her signalling was for release from parental control. Following feedback of the test findings and after further counseling, she moved out of the home, established her own apartment, enrolled in college . . . and she made changes toward achieving a more independent and self-sufficient life. Unfortunately, follow-up showed these changes continued for about 2 years; she has since relapsed, discontinued

therapy, moved back into the parental home, and resumed domestic service. (Apparently not ready to be autonomous yet. Perhaps counseling techniques used did not affect sufficient changes in psychodynamics.)

Gaul, Craighead and Mahoney (1975) verified my very important overeater pattern concerning eating habits (gulping, not chewing, not paying attention):

" . . . To begin with, it does appear that there are differences in the eating styles of obese and non-obese individuals. Obese subjects in the present study spent less time chewing than non-obese subjects (gulping instead of chewing) . . . Although relatively little therapeutic attention has been paid to this dimension, it seems possible that increased mastication may facilitate weight reduction. (It would help to develop a sense of power, control and autonomy) . . . Self-monitoring did not have any systematic effect on eating pace for either group of individuals. A noteworthy finding, however, was that obese subjects were significantly less accurate in their self-monitoring than non-obese subjects." (not paying attention -- not being aware -- see my exercise on this, page 46).

Of course, these researchers, having done well in discovering and verifying a rather obvious overeater characteristic,

did not search for or speculate on any psychodynamic connections, nor did they suggest any method to use this new knowledge in the re-education process for a client.

Jackson (1974) verified the poor self image and inactivity of overeaters:

"The purpose of this study was to investigate the relationship of body attitude to three variables: obesity, neuroticism and sex. . . . Subjects were classified as obese or non-obese by use of the minimum triceps skinfold thickness. . . . The subjects were given the Body Attitude Scale and the Neuroticism Scale Questionnaire. . . the following hypotheses were confirmed:

a) Obese individuals will evaluate their bodies more negatively than non-obese individuals. (poor self-image)

b) An interaction will occur between obesity and sex with . . . obese femals evaluating their bodies more negatively than obese males. (In our culture, obesity is despised in women, accepted to some degree in men. Only when in extreme is it also despised in men.)

c) Obese individuals will judge their bodies as less active than will non-obese individuals. (often inactive and bored, page 21) . . . .

The following hypotheses were not confirmed:

a) Obese individuals will judge their bodies as more

potent than non-obese individuals." (A complete misunderstanding here. Overeaters feel less potent, dependent, subordinate, in spite of their size.) (I did not copy over or evaluate parts not related to obesity.)

Like many others, Jackson wrongly suspected that overeaters use their large size to feel more potent. She did not connect her findings to any psychodynamic nor suggest any therapy method based on her research.

Horowitz (1973) studied the effect of different counseling methods:

"Three approaches to group counseling: Basic Encounter Group; Human Relations Training Laboratory; Self-Confrontation via Videotape plus a control group. Personality traits studied were self-esteem, body-cathexis, dogmatism and internal-external control. 12 persons per group, 2 hours weekly for 12 weeks. Control group met twice, at pre- and post test periods. Weight control defined as weight loss and maintenance of loss.

"Conclusions: 1. Obese women who participate in group counseling, the goal of which is weight control, experience success in weight control. 2 . . . may not expect significant changes in all four personality traits tested. 3. All these counseling procedures are equally effective in success

with weight control. 4. Obese women view themselves as larger than they are. 5. The age of onset of obesity has no effect upon success in weight control. 6. Women who lose weight gain a greater acceptance of their bodies."

As to item 1., I would add: Obese women who participate in a sewing circle, coffee klatch or any other kind of regular group, the goal of which is weight control, will experience success in weight control. So, what? Millions have experienced weight control in groups in Weight Watchers, but the psychodynamics haven't been dealt with, so the weight control is temporary. Weight control is not the way; changing psychodynamics is.

Item 2. In 12 weeks my method usually produces significant changes in many of the overeater patterns in each client. The usual group methods used here are too general and not directed towards specific overeater traits. They will take much longer to be effective, if at all.

Item 3. Should read: equally ineffective.

Item 4. Should read: fatter, less attractive, less competent than they really are. Here is a Ph.D. candidate dealing with psychological treatment methods yet no interest or curiosity is indicated about psychodynamic causes.

Item 5. Bruch (1971) has some interesting observations on the age of onset of obesity. It may be that new techniques

could be developed using the differences here in family dynamics. It would be much too early for me to agree that the age of onset makes no difference in re-education methods. I'll have to let my sub-conscious work on this for awhile.

Item 6. This is superficial nonsense. Overeaters who lose weight get greater acceptance of their bodies from others, but not from themselves. They still feel fat and ugly and are scared of their thinness. See "Getting Down In Weight- page 41.

Reiss (1973) on aggression:

"Clinical observations and psychoanalytic theory have suggested that overweight persons have difficulties in expressing aggression (repressed anger) . . . As had been hypothesized, aggression and hostility were lowered in obese subjects on the Buss-Durkee Inventory . . . Extrapunitive aggression (measured on the Rosenzweig P-F Test) was found to be lowered in obese subjects . . . Lowered extrapunitive aggression and lowered aggression generally in the obese subjects were felt to be related to past family training." (compliant, not assertive)

Flack and Grayer (1975) study consciousness raising groups. I compare these in nature to organizations like Overeaters Anonymous, which are certainly in the right

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direction since they get away from concentration on weight control. Instead, they attempt to bolster morale and self acceptance without getting into psychodynamics:

"Three groups of women participated in these consciousness raising sessions limited to 10, 12, or 14 weekly meetings. The goals for each group included (1) exploring and identifying what it is like to be fat in a thin-oriented society; (2) enhancing self-esteem by acceptance as valid human beings; (3) recognizing that being fat is one of many choices, and (4) helping each member accept the choice she has made and the consequences inherent in her choice.

"It was emphasized that the group was not a weight-loss group and that the "therapist" would not be concerned with weight loss or gain. No attempt was made to deal with the intrapsychic aspects of obesity or overeating.

"Three major characteristics were identified:

* Being fat is not a choice; the desire to overeat is so overpowering that the woman feels out of control and helpless. (compulsive need to overeat, p. 18)

* Obese women incorporate our culture's disgust with fat; they devise behaviors to cope with it. (poor self-image, put self down, mirror effect, p. 19)

* In the right environment, fat women can become self-accepting and less self-punitive. (I don't believe an

artificial environment itself (the group) changes their inner dynamics. They may feel more at ease for awhile being with fellow sufferers)

". . . They soon become aware of buried anger and repressed defiance at not being accepted unconditionally . . . (repressed anger, p. 21)

"Many women admitted that being thin was no panacea and that they had struggled with the same things then as when they were fat . . . .

"Their attitude was one of postponing the pleasures of life until they had become thin . . . . Some connected their obesity to a fear of relationships with men . . . and how their fat insulated them from the danger of becoming promiscuous - or from the fears of rejection by men . . . . Many could not allow themselves to become angry, refuse demands or assert themselves. (See Getting Down In Weight, p. 41)

" . . . the group devised a tongue-in-cheek list of "Rules for Fat People". (I list those of relevance for me)

2. Fat people should not disagree with friends. (mirror effect) . . .

4. Fat people should not believe compliments (put self down)

5. Fat people should not have or trust nice therapists. (little trust)

6. Fat people should not enjoy anything -- especially food. (oppressed and bored)

9. Fat people should not have satisfying relationships with the opposite sex. (toxic persons instead) . . .

11. Fat people should not accept responsibilities for all the problems of the important people in their lives.

12. Fat people should not praise themselves or have good feelings about themselves. (put self down, not autonomous)

" . . . The author's work with three groups of fat women indicates that a demand that an obese woman use willpower to lose weight contributes to her low self-esteem, self-hatred, anger and resentment, thus making a decision about weight reduction impossible."

It is amusing that these two persons, being social workers and not psychologists, seem to have a better, warmer view of the human side of being an overeater than almost all of the psychologists I read. Of course their re-education attempts are very limited, more towards acceptance of the self as fat (similar to the fat liberation movement) and chastising society for its ill treatment of fat people. Perhaps this is the most that many overeaters are willing to do. If not willing to work at changing the basic psychodynamics then I feel it would be better to accept one's self

as a fatty and relax into life with that, than the continual nonsense of dieting, binging, fasting and constant self denigration.

Summary

Except for Hilde Bruch, there is little in the literature of deep understanding or useful methods for permanently, humanly, effectively re-educating the overeater to a more gratifying way of life. I "knew" this before my investigations, because out in the real world there were no real solutions for the overeater that I could see about me. I believe my methods are among the most meaningful and useful available at present. Behavior mod, which is being used most, is a "con game". Academic scientific psychological research is artificial, inhuman, not usable in real life and ultimately inimical to psychological understanding. As Braginsky and Braginsky (1974) point out:

". . . psychologists somehow appear to "play scientist" and avoid the major work of scientists, which is making meaningful discoveries. (p. 18)

"From beginning to end, the psychological experiment is a contrivance of the investigator. (p. 19)

" . . . psychologists have glorified and developed, to an extreme, the cosmetics of science, replacing knowledge

with jargon and technology with ritual. (p. 23)

" . . . The experimental method in psychology can be re-examined as a ritualized method for retranslating the human situation into a nonhuman one. (p. 62)

" . . . In a recent survey of 11,000 psychologists only 300 reported that they conducted research in applied areas (p. 108) (that is, in real life, in real human situations)

" . . . Every method available to the (behavior) therapist involves some form of cruelty, either subtle or overt, explicit or implicit. (p. 151) . . .

" . . . Thus, we need psychologists who can become experts in studying the life space, the human situation, and the transactions between people." (p.180)

Hilde Bruch is such a psychologist -- she gets her understandings from studying human situations and transactions in life. So do I.

Sources

My first reading of Freud was in 1943. Since then I have read from 30 to 50 books per year of a wide range of subjects. Anytime I would come across a book, even remotely connected to psychology, I would read it. Since I am not in the academic world, I have not developed the habit of noting title and author of books from which I get useable ideas so that I can footnote later. However, upon discovering a concept which intrigues me, I usually seek a way to use it and experience it in my life -- mostly by discussion or argument with others. In this way it becomes a part of me, and since I never bother to remember from where it originally came, I ultimately assume it sprang from within me -- a form of amateur plagiarism.

In the bibliography I listed writers I remember whose concepts have affected me and have been sources for my ideas. I don't remember exactly how, nor can I quote text and page. I am sure there are scores of other sources for me, who are now forgotten.

Please remember that I did not build my theories and methods directly on previous work. I just drifted into an interest in the field and created the group workshop for overeaters because I was leading workshops. Then the

process continued to develop because I enjoyed it.

I consider myself a Freudian. I believe that Freud's contributions are still at the core of anything useful being done in the field today. Certainly they are critical for me. From Freud I got the unconscious, repression and resistance, infantile sexuality and neurosis, interpretation, etc. I believe that the overeater personality originates in childhood (oral fixation), that the traumas and fantasies are repressed into the unconscious and are instrumental in symptom formation, the overeater patterns. Overeaters suffer a loss of freedom (neurotic compulsions, symptoms) and my procedures are used to overcome resistances, bring the repressed material to consciousness, by means of my homework assignments, so that they can be free to change their relationship to themselves and their life situations. I don't use Freud's analytical procedures, but everything I do is a kind of continual interpretation. Freud used free association by the patient with minimal imposition of the self to avoid getting bogged down in the diversion or resistance of everyday problems. I use the directiveness of my homework (the latent material arising in the course of life experiences instead of from free-association) to avoid dealing with the resistance material which I have referred to as "soap opera".

Adler broke from Freud by moving towards ego psychology, dealing with conscious phenomena. Although I remain strongly with Freud, believing that the significant functions are controlled by the unconscious, I also believe that the consciousness (ego) can be a useful tool in moving towards change. My insistence on experiences to generate ultimate awareness that will cause change is essentially Freudian. Freud, in his own methodology, relied on conceptual awareness (interpretation and analysis) and the experience of reworking the past with the therapist (transference). It was in the transference where Freud felt the unconscious works itself out. Instead of transference onto the therapist I use directed experiences in life where the unconscious will work itself out in new ways. My interpretations of neurotic symbols (overeater patterns) manifest themselves in how I structure the homework assignments.

I am Adlerian in using an active, focused, goal setting kind of method, interested in the strivings of my patients in their day to day workings with my assignments.

I am Sullivanian in believing that social influence and interpersonal relations are the main factors and my methods very much deal with those factors. However, from Freud, I also believe that unconscious factors (Oedipal complex)

cause us to construct neurotic interpersonal relations, and develop poisonous social systems. In the Sullivan direction, I believe that changed environmental factors, changed patterns of behavior can feedback onto the unconscious and generate personality development back towards the original genetic program.

Horney was essential to my developing understanding and methods related to high self-expectations; poor self-image, need to put self down, not assertive. Her pride system and the concept of continual striving towards the idealized self are vital for some of my methods.

Norman O. Brown extended Freud in a significant way for me. He enabled me to close the loop and understand why humanity is constantly neurotic and needs to generate social systems that continue to create neuroses in everyone. My use of Brown enables my clients to accept the actuality of their neuroses without feeling guilty or inferior and enabling them to drop the blame towards their parents. Becker wrote an elaboration of Brown's points on the motivating force of the fears of life and death throughout mankind's history, for which he appropriately received a Pulitzer Prize. I use these concepts related to meanings of life and death and life sacrifices

for after death rewards in homework assignments for my clients.

Eric Berne's concept of stroking, both physical and verbal, are useful in my compliment, sensuality, approval, touch and massage assignments. His describing the complicated network of negatively symbiotic relationships we set up which he called games, is useful in getting the clients to understand the negative nature of some of their own symbiotic relationships.

I use Bowlby's explanations of the dynamics of separation anxieties to understand why overeaters cling to mama, don't want to be autonomous, learn to be physically inactive, and repress their anger. This conbined with Piaget's theories of stages of growth for intellectual and conceptual abilities is the basis of my assignments on power, autonomy, habit patterns, new skills and enjoyments, anger.

The clients learn to evaluate the wholesome factors of their relationships using Carkhuff factors and the toxic aspects from a table I paraphrased out of Greenwald.

James and Jongeward use dozens of delightful homework exercises at the end of each chapter. They, I believe, inspired me to develop the homework assignments I use as a critical part of my method. Of course, I had been

leading workshops for years, and had already developed the ability to devise interaction-type exercises to experientially illustrate a point of psychological theory.

When I watch myself leading a group (and often in social conversation) I notice that I use the Rogerian method of rephrasing the other person's words and relaying it back with positive regard. I believe, with Rogers, that the total organismic sense is more trustworthy than pure intellect. I use my total feelings and senses in making decisions and judgments in life as well as in the groups I lead. And I try to develop client acceptance of this skill as it naturally exists in them.

From Fritz Perls I got the concept of introjection, which, as I explained earlier, started me off on this whole project. And with him I'll end as I also beg forgiveness from the scores of sources who contributed bits of insight to me as I encountered them in life and in readings and whom I have forgotten to name on these pages.

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