

Key Points in the Psychotherapeutic Treatment of Obesity

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Hyperphagia

This diagnosis refers to someone who only concentrates on eating. The desire to eat is enhanced or uncontrolled since they eat at any time and even after having eaten properly. There is an excessive intake as a reaction to stressful situations which often leads to obesity, especially in people predisposed to gaining weight.

Nocturnal eating syndrome

It consists of food intake at night, which is manifested either by eating when waking from sleep in the middle of the night or by excessive consumption of food after dinner. There is awareness and memory of the intake.

Therapeutic Objectives of Working with Obesity

Therapy for obesity focuses on those experiences of attachment or of traumatic events where the person learned to manage their discomfort through food. The goal is to understand the effect of these adverse life experiences, in order to treat a disease classified as chronic and with few possibilities for improvement.

According to the type of obesity, the objectives which will be of main importance in the work with these patients differ. The main objectives in working with endogenous obesity are:

- Regain motivation to foster self-care
- Work with the defense of the "lack of disease awareness," which

is frequently observed that food is an activating element of the secure base. There are several characteristics of attachment in obesity, which are described below:

- When the attachment figure is overfeeding the child [3] and feeds to regulate themselves and the child. In these cases, the attachment figure overfeeds the child as a way of offering security, affection, or stability. This figure is, in turn, a person who has problems with food and these problems are transferred to the relationship with the child, not only in childhood but also in adolescence and into adulthood. People who have had these overfeeding attachment figures reach adulthood associating food with situations that are not necessarily related to eating. These associations come from the highly inadequate relationships that this particular attachment figure has established with food.

For example, when a patient is at work and hungry, she may feel the

The parts or aspects of the personality that we usually find in the inner world of these patients and to which we must pay special attention are:

The fat self

It is the part that is related to the rejection of the body and is the most resistant to change during treatment. The therapist has to understand the meaning of this part in order to see how the whole dissociative structure that influences the disease has been generated.

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