According to a new study in the journal *Heliyon*, published by Elsevier, dysfunctional eating patterns and habits in overweight and obese adults can be triggered by early life experiences that are deeply rooted within patients' personality features. As a result, weight loss interventions like surgery and cognitive-behavior therapy might not be sufficient to guarantee long-term success.

Cognitive psychologists used the Schema Therapy (ST) model to gain a deeper understanding of the emotional and psychological functioning of these individuals with a view towards developing more effective treatment options.

"While the biological and environmental causes of obesity are well known, psychological determinants that might indicate chronic predispositions are less clear," explained lead investigator Barbara Basile, Ph.D., Association of Cognitive Psychology (APC), School of Cognitive Psychotherapy (SPC), Rome, Italy. "The results of our study suggest that dysfunctional eating patterns and habits associated with overweight and obesity are deeply rooted within patients' personality features and current interventions are not enough to guarantee a long-lasting effect."

The key concepts within the ST approach include Early Maladaptive Schemas, Schema Modes and dysfunctional Coping strategies. All of these develop across the life span and originated in early childhood and adolescence, where emotional core needs, such as love and nurturance, safety, acceptance, autonomy, limits setting, etc., might not have been adequately satisfied by caregivers and significant others.

Using an ST framework, investigators assessed early maladaptive schema and coping modes in 75 normal, overweight, and obese patients. Overweight and obese adults reported more maladaptive schemas and dysfunctional coping strategies when compared to normal-weight individuals. Moreover, investigators found that stressors trigger shifts from one coping mode to another, some predictive of frequent binge and bulimic behaviors.

Maladaptive schemas encapsulate dysfunctional thoughts and behaviors and map out patterns of perception, emotion, and physical sensation rooted in early life experiences that subsequently shape individuals' beliefs about themselves and the world. The dysfunctional schemas observed in obesity are linked to coping mechanisms resulting in self-defeating thoughts and emotion-avoidant food attitudes and behaviors.

"Our findings highlight the role of the Insufficient Self-Control schema among overweight and obese individuals, which manifests as difficulties in tolerating distress and restraining impulses. We also documented that overeating and bingeing behaviors serve as self-soothing strategies that help individuals to cut off their feelings and quiet their internalized "Punitive Parent," noted Professor Basile.

Among study participants, overeating and bingeing behaviors served as self-soothing strategies when they experienced feelings of abandonment (the belief others will be unavailable or unpredictable in their support or connection); dependence/incompetence (the belief that one has failed, or will fail in important life areas of achievement); and subjugation (the belief that one must surrender control to others), as well as to quiet internalized Punitive Parent voices (inner dialogue that is self-blaming, punishing, and abusive that causes one to detach emotionally and reject help). Frequent bingeing was associated with belief patterns of abandonment, enmeshment
(being excessively emotionally involved and connected with others at the expense of full individuation or normal social development); and failure (the belief that one always fails in important life areas of achievement) schemas, as well as by those who react impulsively with anger and frustration (Impulsive/Undisciplined Child) and by those with a Punitive Parent inner dialogue.

Professor Basile and her co-investigators believe that this deeper understanding of the emotional and psychological functioning of obese patients, recognizing the impact of early life experiences, might help clinicians promote the long-term efficacy of psychological interventions in overeating related pathologies.

Identifying each patient's unique maladaptive schema and modes is the first step of ST intervention. To help the patient deal with their future needs and emotions in a healthier way, treatment might also include:

- Addressing and satisfying the frustrated core emotional needs, embedded in the vulnerable child mode, in a safe therapeutic relationship.
- De-potentiating the punitive parental mode and its destructive messages.
- Reducing dysfunctional coping mechanisms, such as the detached protector self-soothing.
- Expanding the healthy adult mode.

"Addressing actual schema modes and the connected early experiences within a caring and solid clinical setting, such as the one used within ST practice, might be of particular value for obese patients," concluded Professor Basile.


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