COUNSELLING THEORIES AND OBESITY MANAGEMENT

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Obesity in the UK is currently the biggest public health concern and addressing obesity is the responsibility of all healthcare professionals.[2] The UK has the highest rate of obesity compared with other European countries and costs the UK economy £47 billion pounds a year.[3] There are a number of genetic, medical, social and psychological factors that contribute to obesity and counselling theories can help with understanding psychological factors.

Counselling involves working with individuals or groups of people who may be in crisis and/or who require support, guidance or problem solving. The task of counselling is giving the 'client' the opportunity to explore and discover new ways of living their life to the full.

Counselling in obesity management provides:

- insight into understanding the origins of the behaviour, leading to more of a rational control over feelings and eating behaviours;
- self-awareness, with the client becoming more aware of thoughts or feelings about food;
- self-acceptance, developing a positive attitude towards themselves, whatever size or shape;
- problem solving, finding a solution to a problem which the client hasn't been able to resolve in the past;
- behaviour change, which is vital with regards to changing eating behaviours for the benefit of the client;
- empowerment, working on skills and knowledge to help the client achieve empowerment and confidence, hoping to tackle coping mechanisms, i.e. binge eating;
- restitution to help the client to make amends for previous mistakes or previous attempts at behaviour changes.[4]

THE CURRENT APPROACH

There are many theories in counselling that can help provide further understanding of the psychological aspects of obesity. Cognitive behaviour therapy (CBT), developed in the 60s by American psychiatrist Aaron Beck (1921), has shown to be evidenced based and works in obesity management. CBT involves practical solutions based on the individual client's requirements and dietary goals, e.g. always taking a shopping list to the shops, not snacking in between meals etc. CBT has to be revisited regularly for behaviour change to be maintained.[5]

As dietitians, we take the patient-centred therapy (PCT) approach with all clients, based on Carl Rogers (1902-1987). PCT must encompass three basic core conditions for a beneficial relationship to occur. Creating a comfortable, non-judgemental environment by demonstrating; congruence (genuineness), empathy and unconditional positive regard (respect) for their client.[6] The most recent theory to emerge in obesity management is mindfulness, which is based on Gestalt therapy by Fritz Perls (1893-1970). Gestalt therapy looks at the healthy functioning adult and keeping in touch with oneself. Goals for Gestalt therapy are heightened awareness and 'being mindful'; yoga can also be termed as a form of Gestalt therapy. An article in *Dietetics Today* (January 2016) shows results from a mindfulness course of five sessions in a group, which found that clients attending said they were paying more attention to how they relate to food and

found this approach more understanding and compassionate.[7]

There are other theories that can prove useful in obesity management and can enable the dietitian to understand more about the client's beliefs and behaviours surrounding food. The two to discuss further are *Transactional analysis* by Eric Berne (1910-1970) and *Rational Emotive Behaviour Therapy* (REBT) by Albert Ellis (1913-2007).

Transactional Analysis (TA) by Eric Berne

This looks at the transactions (relationships) that have taken place or are taking place between the Parent, Adult and Child ego states. This involves understanding each of our ego states and their transactions in our 'life scripts'. At any given time, at work, at home with your partner or children, every adult experiences and manifests his or her personality through a mixture of behaviours, thoughts, and feelings. The aim of TA is learning to strengthen the adult in all relationships/transactions and to be aware of the child and parent influences.

- **Parent:** a state in which people behave, feel and think in response to an unconscious mimicking of how their parents (or other parental figures) acted, or how they interpreted their parent's actions, e.g. a client may influence their children's eating habits by telling their child to finish what is on your plate (despite fullness in the child) as this was demonstrated in their own childhood; therefore, they are taking on the parent script.
- **Adult:** a state of the ego which is making logical predictions and decisions about major emotions affecting development. While a person is in the Adult ego state, he/she is directed towards an objective, they are rational, calm and logical, e.g. talking and laughing with a close friend/partner is an adult-to-adult transaction. The aim of TA is to strengthen this adult ego.
- **Child:** a state in which people behave, feel and think similarly to how they did in childhood, e.g. a person who receives a poor evaluation at work may respond by comfort eating, as if shouted at as a child, or rewarding them with food if they receive a good evaluation from their employer.

Here are examples of statements related to TA that have been said during consultations:
"My husband is always on at me to lose weight and he says that I can't have that food or this food, so then I hide what I am eating so he can't see me, when he does find out he gets frustrated and shouts." In this instance the client is in a Child ego and her husband has taken the part of the Parent ego.
"My mum used to reward me with chocolate if I had been a good girl; I still do that now, reward myself with food, when I have been 'good'!" This client is in the Child ego and is repeating her positive childhood script from her parent.
"We were punished at school for not finishing our food off our plate, I make sure I never leave anything on my plate now." This client is in the Child ego and is repeating negative memories from their childhood script.

Using the knowledge of TA in dietetic consultations will enable dietitians to understand how the person's eating behaviours and the emotions associated with them, have developed and also offers guidance on how best to question their client's beliefs. It is the goal of TA that the adult in obesity management is aware of their Child state when it comes to their eating behaviours. Unhealthy childhood experiences can lead to the client being pathologically fixated in the Child and Parent ego states, bringing discomfort to an individual and/or others in a variety of forms, including mental illness, binge eating and other eating disorders.[8] Often 'childhood scripts' surrounding food continue within the family from

generation to generation, contributing to obesity throughout the family tree.

REBT by Albert Ellis

Dr Ellis explains that any irrational beliefs we have lead to negative feelings, which also leads to actions that can be self-defeating. The aim of this theory involves disputing the client's irrational beliefs and replacing them with rational beliefs. Irrational beliefs in obesity clients can be:

- biological, e.g. resistance to change becomes ingrained in the eating habits of the whole family;
- emotional, e.g. they fail to see how upset they are and can often deny, or try to hide, or ignore their feelings with comfort eating;
- insufficient scientific reason, e.g. not seeing the bigger picture of their eating behaviours and health consequences;
- unrealistic beliefs about change, e.g. expectations of themselves such as losing five pounds every week;
- focusing on their past failures, as this will only reinforce irrational beliefs and lead to them being unsuccessful in their dietary goals.

Here are examples of statements related to REBT that have been said during consultations in obesity management:

"By going off my diet when I go out for an evening proves I cannot stick to it."

"I must be perfectly thin for me to be successful, if not, I am a terrible person."

"I cannot possibly say no to someone who has offered me food, what would they say?"

"I have to lose weight; I look disgusting to everyone!"

The aims of REBT in aiding with obesity management:

- Dispute irrational beliefs, why? What is the reasoning behind this thought?
- Dispute the terribleness of the situation; is it really terrible, awful, horrendous or even catastrophic that you have put one pound on in weight?
- Dispute self-hatred, learning to love you, flaws and all.
- Dispute seeing things as black and white, e.g. there are no good and bad foods only good and bad diets.
- Helping to use coping statements and changing expectations of the client: "It is certainly not bad that I haven't lost two pounds this week. I am happy with one pound weight loss this week."

REBT states that one of the changeable reasons to help with obesity management is that clients hold unrealistic and inflexible expectations about their weight and eating behaviour. REBT can help with being more tolerant, more accepting, more understanding of human fallibility and being rational about eating behaviours which can help with tackling obesity.[9]

CONCLUSION

As dietitians, our knowledge is based on scientific evidence and practical dietary advice to help aid weight loss in obesity management. Counselling in Dietetics is covered in our degree. However, there is more to learn regarding the counselling theories and the practicality of using them in a clinic or group setting in obesity management. We require to be aware of our own limitations as healthcare professionals and we are not trained counsellors. We need to ensure that we are able to signpost our clients to other departments, e.g. psychologist, psychiatrist, or mental health team when required.

Other limitations regarding the counselling theories include that they are not to be used in isolation with clients; very rarely does 'one size fit all'; we know through evidence that obesity management within the NHS setting can work individually and within group sessions for different clients. The counselling theories require an attitude of a tool bag: which counselling theories better aid your client in their dietary goals depends on their explanation to you of their thoughts, beliefs, and behaviours surrounding food.

Further reading

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