The Personality of Obese Women

By ROBERT F. SUCZEK, PH.D.*

UNITARY concepts of the cause of obesity are abundant in the literature. The most popular one is that obesity is a matter of overindulgence. The corollary is, of course, that dieting is the only cure. The most recent research and theorizing[1] suggests multiple etiologies and, thus, different types of obesity probably requiring different kinds of treatment.

The major symptom—excessive fatty tissue— is grossly similar from one obese person to another and suggests a unitary disease. Of course, there are differences in the degree of excess fat, and differences in its distribution over the body frame as well. These may be variations in the symptom of the same disease or may represent etiologic differences. Further variations are strikingly apparent in the response of obese people to dieting. The range of results, in terms of weight loss over a given period of time, is as great as degrees of obesity in the obese population. The resistance of the symptom to treatment varies greatly.

Considerations such as these have led to the evaluation of psychologic aspects in terms of two major questions. First, are there some common psychologic characteristics among the obese? Second, are there some psychologic differences among the obese which relate to differences in degree of symptom and differences in ability to reduce?

Research now in progress is aimed at obtaining information relevant to these questions

From the Department of Research, Herrick Memorial Hospital, Berkeley, Calif.

* Clinical Psychologist, Permanente Psychiatric Group, Oakland, Calif.

Presented at a Symposium on Nutrition and Behavior held at the Laboratory of Physiological Hygiene, University of Minnesota, April 27, 1956, with the cooperation of the National Vitamin Foundation, Inc., New York and under the sponsorship of the School of Public Health, University of Minnesota.

The objective of this paper is to describe some of the leads and suggestions obtained thus far. Details of methodology, statistical procedure and cross-validation of results will be reserved for a later, more comprehensive publication.

SAMPLE AND METHOD

In connection with the Herrick study of group weight reduction[1,6] a number of psychologic measures were applied to over 300 obese women who volunteered to participate in the experimental weight reduction program. The data to be presented were obtained from a sample of 100 of these women, ranging in age from 18 to 72, with a median age of 42 years. The degree of overweight varied from 5 per cent to 145 per cent, with a median of 41 per cent. The majority of the sample had had their symptom for at least two years and had made at least two serious attempts at weight reduction before.

The psychologic tests used were all group-administered. These included the Minnesota Multiphasic Personality Inventory,[2] the Interpersonal Check List,[3] and ten specially selected Thematic Apperception Test picture.[5] The Interpersonal Check List was used by each subject to describe herself, mother, father, and spouse.

The initial evaluation of these tests was made by using the Interpersonal System of Personality Diagnosis[4] which utilizes eight basic personality variables and achieves a description at several levels of personality; those used in this study include the level of overt behavior, conscious self description, and preconscious fantasy. Other evaluations of the test data are also being used and will be noted in the subsequent sections of this paper. It is recognized, of course, that many other variables must be studied besides those being considered here.

COMMON CHARACTERISTICS

Identification of common characteristics of obese women has been accomplished by a study of their interpersonal attitudes and behavior.[4] In their attitudes about themselves these women are distinguished by an extreme emphasis on psychologic strength, hypernormality, narcissistic pride, and by a denial of weakness. These attitudes would appear to be reinforced by the maintenance of an unusual body size. The obese woman's very dimensions reflect her need for strength and massiveness in order to deny an image of self that is felt to be basically weak, inadequate, and helpless.

The need to maintain a façade of strength and psychologic normality is highlighted by comparison with other symptomatic groups. The obese women are significantly different in their symptomatic behavior from patients in psychotherapy, psychiatric clinic admissions, and hospitalized psychotic patients, all of whom present themselves as weak, dependent, and depressed. In their conscious view of themselves, the obese claim even greater strength than is expressed in their overt behavior and do so to a degree that is significantly greater than in normal control subjects, who in their conscious evaluation of themselves are able to admit to some weakness. Finally, measures of preconscious self-expression, when compared with those of seven other neurotic and psychosomatic symptom groups, place the obese sample closest to the normal controls because of an emphasis on strength and independence.

Thus, viewed as a group, obese women present in common a triple-level façade of power-oriented personality. Compared to other symptom groups, and even to normal control subjects, their narcissistic strength stands out as markedly as does their gross body size.

The power orientation in this sample of obese women is quite consistent. If each subject is given a "diagnosis" of "strong" or "weak" at each of the three levels of self (overt behavior, conscious description, and preconscious fantasy), it is possible to group them according to those who are strong at all three levels, those who are strong at the first two levels and weak at the third, etc., the final group consisting of those who have a "weak" orientation at all three levels. Grouped in this way, 90 per cent of the obese women are in the predominantly "strong" group (i.e., "strong" at all three or at two of the three levels), while, by comparison, only 48 per cent of a sample of psychiatric clinic patients in therapy would be similarly placed. The strength seen in the sample of obese women as a whole is clearly evident in these three separate measures of each individual as well.

Many hypotheses are suggested by this consistent pattern in the obese women. One such is that these people must have special ways of responding to weakness or passivity. An independent evaluation of such a hypothesis is accomplished by study of the responses to card 18GF of the Thematic Apperception Test (TAT), which includes two figures, one generally identified as active, the other as passive. Generally, stories in response to this picture include the identification of the sex of the passive figure. Thus of 47 women psychiatric clinic admissions, 100 per cent gave the sex of that figure, 81 per cent identifying it in their stories as a woman. Of the obese sample, only 83 per cent stated the sex and of those who did, only 66 per cent saw the figure as a woman. These differences approach statistical significance ($P = .10$). Of further interest is the fact that of those obese women who saw the passive figure as a woman, one half of them identified her as a daughter, thus giving her an inferior status. This tendency, compared with the clinic sample, proved to be statistically highly significant ($P = .001$). It would appear that passivity does present some real threat to the obese woman, for she is very reluctant to attribute passivity to one of her own sex, and if she does she rationalizes it by identifying the passive feminine figure as one who is naturally passive or dependent by virtue of her inferior position in the family.

An interesting side light in connection with studies of this kind is that raters reading the fantasy stories written by obese women frequently find themselves bored with them

whereas such fantasy material ordinarily evokes a high level of interest. Subjective evaluation of this rater-ennui suggests that it is related to the rather barren quality of obese women's TAT stories. On the whole they tend to use simple, superficial, and highly conventional themes. Besides lacking in complexity of plot, they have little subtlety or originality of motivation or of character structure. Although the individuals in their stories are expressive of strong emotions, such emotionality seems highly idiosyncratic, or even autistic, having little relationship to the feelings and actions of others in the story. In short, the rigid pattern of strength and hypernormality evident in the interpersonal measures discussed above, is reflected in the fantasy material in the impression of stereotype, barrenness and lack of mutuality or reciprocation in fantasied relationships.

PSYCHOLOGIC DIFFERENCES

The effort to study differences among individual obese women brings up such theoretic and methodologic questions as: what psychologic variables are most relevant to the problem and how can they be measured? An empirical alternative to such theorizing is simply to evaluate two sets of groups which seem to represent functional differences among the obese: (1) the grossly obese compared to the mildly obese and (2) those who lose large amounts of weight in a weight-reduction program compared to those who lose relatively little. Both sets of groups can be easily defined and, if related to important psychologic variables, might provide useful leads for further study and theory.

The first set of groups consists of the 20 least and 20 most overweight subjects in the sample. The range is from 62 to 145 per cent for the grossly overweight and from 5 to 22 per cent for the mildly overweight. The second groups include those who gained weight or lost 10 lb or less in 16 weeks of group weight reduction, and those who lost 26 to 51 lb in the same program.

Degree of Obesity

The primary variable distinguishing the total obese group from other diagnostic groups is the emphasis on strength or interpersonal dominance in their self system. Compared to each other at each of the three levels described above, the 20 least overweight women as a group have lower dominance scores than the 20 most overweight. This trend suggests a consistent association of extreme obesity with high dominance as measured by these technics. Again we see the association of power with the symptom of gross body size.

However, evaluation of the middle group (those who are between 24 per cent and 61 per cent overweight) shows this not to be entirely true. At Level I (overt behavior) the dominance scores of the middle group are even more extreme than those of either the mildly or grossly overweight. At Levels II and III the trend reverses again and the most overweight are the most dominant of the three groups.

Application of statistical measures to these paradoxical differences shows that these trends are statistically significant. Using the measures at Level I, and comparing the combined extreme groups to the moderately overweight group shows the moderates to be significantly higher ($P = .02$) on the measure of dominance. On the theoretic basis that mild obesity may really involve more a problem of body image, while obesity of 30 per cent or greater definitely involves excessive fatty tissue and therefore "true" obesity, a different comparison seems in order. Thus comparing the mild overweights to the medium and grossly overweight, reveals a significantly greater dominance ($P = .05$) on the part of those who are "truly" obese. However, it is already clear that this difference is created mainly by the high scores of the medium group, so the paradox remains. In other studies being done at the present time this same paradoxic trend—for the mildly and grossly obese to be more like each other and different from the middle group on some measures—continues to be apparent. No theoretic or methodologic clarification of this inconsistency has yet been developed.

Another type of study being done involves evaluation of intrapsychic mechanisms used by the obese woman in handling anxiety.

Sorting of Minnesota Multiphasic Personality Inventory profiles into groups which are characterized by the predominant mechanism for handling anxiety has produced four such groups, each with a typical profile:

(*1*) *Internalizer:* The typical neurotic patient using either compulsive, obsessive, phobic or hysterical ways of handling anxiety and with some subjective anxiety, depression and dissatisfaction with self.

(*2*) *Externalizer:* The person who wards off anxiety by repression, denial of feeling, by externalizing problems onto her reality situation, or by acting out anxiety directly in her environment, without any awareness of subjective anxiety.

(*3*) *Schizoid:* The disidentified person who avoids anxiety by being a chronic isolate. She is alienated from her family and her interpersonal community.

(*4*) *Somatizer:* The person who "short circuits" or displaces anxiety into somatic symptoms and a hypochondriacal preoccupation with them.

In the total sample, the first two types are almost equally divided and appear most frequently, together accounting for 67 per cent of the sample.

Comparison of the grossly overweight with the mildly overweight on these variables shows a consistent difference. The heavy group includes a larger number of internalizers (those who are anxious and aware of internal psychological difficulties) and a small number of externalizers (those who are not anxious and externalize their problems). The light group shows the reverse tendency. The other types are evenly divided between the two groups. The trend, then, is for extreme obesity in women to be associated with awareness of internal psychologic problems and with subjective distress related to such problems, while mild obesity is more likely to be related to denial of anxiety and externalization of personal difficulties.

Taking only the extreme groups into account provides us with some leads as to what kinds of factors may be related to the degree of obesity. The most overweight are more power-oriented in their interpersonal orientation and are also more likely to be anxious, introspective neurotics. The mildly overweight, on the other hand, provide a contrasting picture: they have less intense need to be strong, less free-floating anxiety and a tendency to see problems as being external to themselves.

Weight Loss

Study of criteria groups defined in terms of amount of weight loss in a weight reduction program provides a further view of what psychologic variables may be relevant and raises some questions of methodology for future studies.

In comparing good and poor weight losers in terms of interpersonal strength or dominance it was again found that this is a crucial variable, with some relevance to weight loss. In this connection, however, the relationship between dominance scores and pounds lost appears to be more complex than it was found to be in connection with the symptom itself. In general, poor losers tend to have low dominance scores and good losers tend to have scores in the middle range on dominance, but the relationship is a tenuous one. However, if in addition to the dominance score, the degree of overweight is also taken into account, then the relationship between these two variables and weight loss appears to be more consistent. Thus, of the 60 subjects in our sample who are the most overweight (33 per cent overweight or more), those who are heaviest and have consistently higher mean dominance scores lost the most pounds in 16 weeks.

This finding suggests a methodologic change in our approach. Rather than attempting to define some linear relationship between ability to lose weight and a single psychologic characteristic, it is apparent that we must search for combinations of variables that are related to weight loss. The implication of the above study is that such combinations may include not psychologic variables alone but physical or symptomatic variations as well as social or intrapsychic factors.

As an example, we find that identification as reflected in fantasy material may prove to be a relevant factor. Eighty-eight subjects responded to card 4 of the TAT, which pictures

a man and woman in some kind of power struggle. Sixty-six identified the woman in their stories as the hero, while 22 identified the man as the hero. Of those who made the man the hero, a larger number were poor weight losers, while of those who made the woman the hero, a larger number were good losers. The implication here is that for the obese female, an identification with a strong aggressive man is related to resistance to weight reduction, whereas an identification with the feminine figure is related to weight loss.

In short there is some evidence that both amount of overweight and interpersonal dominance are associated with ability to lose weight. Fantasy identification with the same or the opposite sex also seems related. It is evident that ability to lose weight is complexly determined not only by psychologic factors but by physical and possibly by physiologic factors as well. Further study of response to weight reduction programs must be based on a multilevel and multivariable approach to the problem.

SUMMARY AND CONCLUSIONS

Our efforts to study the obese woman's personality are being carried out in relation to two basic questions: what common psychologic characteristics are shared by obese women, and what differences are there among obese women which relate to degree of obesity and ability to lose weight? Thus far there has been consistent evidence of the importance of power in the obese woman's personality and functioning.

A high degree of narcissistic strength and interpersonal dominance is shared by a majority of obese women in our sample, and clearly distinguishes that group from other symptom groups, including psychiatric patients, psychosomatic patients and even, in some respects, normal controls. On the basis of this common characteristic we might generalize about the difficulty that obese women as a group present to any therapeutic effort. Whether faced with psychotherapy or with a weight reduction program, it is highly probable that obese women are apt to enter into an intense power struggle with their therapist, resisting his efforts rather than accepting a mutual responsibility for their treatment.

With respect to personality differences between obese women, and the relationship of such differences to degree of obesity and to ability to reduce, a much more complex problem arises. We find some tendencies for the grossly obese to be the most power-oriented. Among them there are also more of those who are aware of anxiety and of internal psychologic stress. However, these tendencies are not clear cut or consistent and there is repeated evidence in our findings that single psychologic factors may not relate to either the degree of obesity or ability to lose weight. There is also evidence that psychologic factors together with physical factors may, in combination, be meaningfully related to our criteria.

We have, of course, considered only a limited number of psychologic variables, some of which may not be the most relevant to obesity. Other factors of importance may be attitudes relating to orality, including management of oral and other impulses, and use of regressive mechanisms in dealing with psychologic difficulties. Certainly the poor long-range response to a weight reduction program suggests a regressive addiction similar to alcoholism. Other variables may include socio-economic identification and perhaps a host of physical variables as well.

At the present time we are carrying on further studies of such factors as identification (or disidentification) with parental figures as well as further evaluation of sex identification as indicated in fantasy material. The intrapsychic mechanisms for handling anxiety and the degree of anxiety subjectively experienced by the obese woman also offer some promising leads. Finally, in connection with the problem of weight reduction, we have in progress a study on body weight one year following the conclusion of an active weight-reduction program. It seems likely that the most important personality characteristics will be those which differentiate people who are able to maintain a weight loss over a period of a year, from those who regress to their original

weight during the same period of time. Such characteristics should provide us with real insight into the problem of obesity.

ACKNOWLEDGMENTS

This work is being carried on with the active cooperation of the Kaiser Foundation Psychology Research and in particular with Timothy Leary, Ph.D., whose theoretic and methodologic contributions to the research have been invaluable. The author is also grateful to Anne Cassell Apfelbaum for her help in data analysis.

REFERENCES

1. EPPRIGHT, S., SWANSON, PEARL, and IVERSON, C.: (Eds.) *Weight Control*, Iowa State College Press, Ames, Iowa, 1955.
2. HATHAWAY, S. R., and MCKINLEY, J. C.: *The Minnesota Multiphasic Personality Inventory*, The Psychological Corporation, New York, 1951.
3. LAFORGE, R., and SUCZEK, R.: The interpersonal dimension of personality: III. An interpersonal check list. *J. Pers.* 24: 94–112, 1955.
4. LEARY, T.: *Interpersonal Diagnosis of Personality*, Ronald Press, New York, 1956.
5. MURRAY, H. A.: *Thematic Apperception Test*, Harvard Univ. Press, Cambridge, 1943.
6. SIMMONS, W. D.: The group approach to weight reduction. *J. Am. Diet A.*, 30: 437, 1954.