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증 례

Introduction of 3 Dimensional Approach for Weight Control : A Case of Yangsung Program

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양성프로그램 증례를 이용한 체중조절에 대한 3차원적인 접근 방법에 대한 소개

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비만은 단순한 신체적 원인 뿐 아니라 심리적, 사회적, 문화적 문제가 복합되어 있다. 따라서, 의료적 측면에 있어서도 전인적 접근이 강조되어야 하나 서양의 치료는 주로 신체적인 문제에 집중한다. 한의학은 몸과 마음을 따로 보지 않는 전인적인 의학이며 비만과 같은 질환을 접근하는데 강점을 갖는다. 지금까지 비만환자를 위한 한의학의 전인적 접근, 즉 신체 뿐아니라 체계적으로 심리적인 접근을 하려는 노력은 많았으나 보고된 연구 성과가 드물었다.

양성치료는 동양철학과 한의학에 근거하여 비만환자를 위해 개발된 전인적 상담프로그램이다. 기존에 발표된 양성치료에 관한 두 논문에서는 이론적 배경과 임상적 효과에 대한 보고를 하였다면, 본 논문에서는 실제 환자의 사례를 통해 실제 치료의 전개와 역동을 서술하였다.

Key Words : 양성치료, 비만, 전인적 상담프로그램

Introduction

Obesity is not a disease itself but a certain condition like hypertension, subsequent treatment needs to be addressed throughout one's life. The World Health Organization (WHO) defines obesity as a complex condition with serious social and psychological dimensions[1]. The WHO insists that we must help obese patients to overcome psychological side effects of obesity and educate them to effectively cope with the social stigmas attached to being obese[2]. Humans are basically holistic individuals encompassing the mind, body, and soul. Therefore, it is our opinion that the treatment for obesity must be a

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holistic and a life long approach. One of the predominant limitations of the Western conventional treatment for obesity is that the focus mainly addresses behavioral and physical problems neglecting psychological and spiritual aspects. Mitchell EM(1980). addressed that the development of innovative treatment methods for obesity would require an increased understanding by therapists in the role of physiological factors, during and following weight loss[3]. We have to understand all the various aspects associated with weight gain to help prevent a relapse. During the initial phase, motivation and biological factors are important, but eventually primary factors such as self esteem and body image become more significant. In addition to changing eating and exercise habits, patients must modify themselves psychologically and spiritually to a new way of thinking. Actually "long term weight maintenance" is not the proper term because the word maintenance means 'work.' We suggest that a more appropriate term is "modified weight balance state", because their lives must be in a "static state" to effortlessly maintain their weight. On contrary "Weight suppressors"[4,5] are successful dieters who are adapted to lower weight they have been maintaining, but strictly restraining and controlling their eating constantly. Thus, considering long-term weight maintenance as a static status, "weight balance state" versus "weight suppress state"[6] would be a more appropriate description(Fig. 1).

To help patients get into "weight balance state", we suggest a 3 dimensional holistic approach based on Oriental Medicine to lose and maintain weight. It consists of three essential factors for treating obese patients. The first approach for the body includes behavioral therapy, diet / exercise education, and medication. he second approach

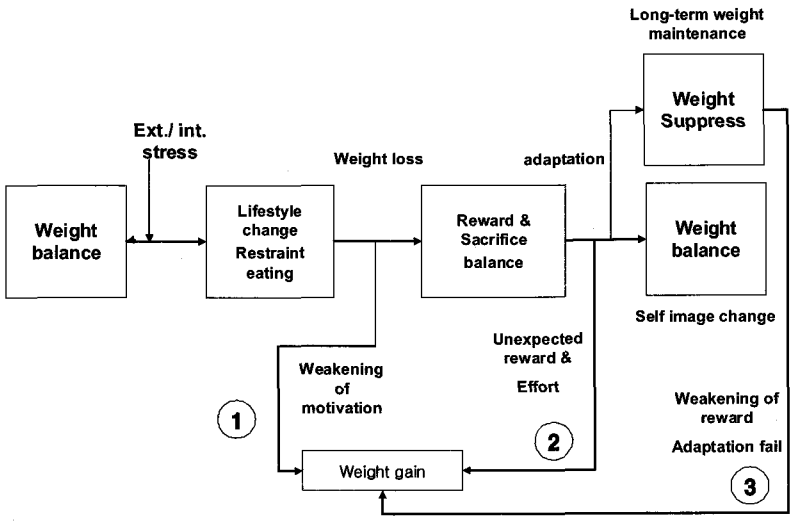

Fig. 1. Weight regulation model

for the mind focuses on cognitive behavioral therapy. The third approach deals with one's spirit and awareness of their true self. Most importantly, we insist that these all three factors must be approached simultaneously. This program is named "Yangsung" which means "Finding and raising one's true self," and has shown good results in clinical trials[7]. In this paper, I would like to introduce the "Yangsung Program" based on a recent case of a patient who wanted to lose weight and stop her cycle of emotional eating at our clinic. With this case we hope you can understand the dynamics of the "Yangsung program" more specifically and apply it to actual patients in your practice.

Case report

The patient, "Jane", is a 40-year-old Caucasian woman. She was an outpatient who visited our clinic for a weight loss program. Her chief complaint was 'emotional eating'. She expressed having a constant struggle with food, especially when she feels depressed. She was also suffering from a mild sleep disorder, and numbness in the 4^{th} and 5^{th} fingers on both hands. At that time, she was a single and lived with one female roommate. Her occupation was an English teacher at an institution for teaching English in Korea. We went through basic blood test including biochemistry test and blood count; there was nothing special to report. Her baseline height was 155cm and her weight was 62.5kg. The calculated BMI was 26.

Brief History

Jane remembered herself as a delightful, bright young child, but described her early environment as emotionally deprived. Her father was alcoholic and never showed her intimate love. Once she reached puberty she felt ashamed of her father and became rebellious. She had started to abuse herself with drugs, alcohol, and random sex with guys in her small town. When she was 15, Jane ran away from home because she couldn't stand living with her father. Her father did not abuse her physically but she had lost all respect for him and subsequently acted very rebellious. Her mother was 10 years older than her father. Her parents would often leave Jane and her younger sister with babysitter or alone while they indulged in alcohol. She often talks about her father, but seldom her mother.

Jane has carried extreme guilt about leaving her younger sister to grow up alone with her parents until now. Jane's thoughts were that she had abandoned her younger sister and that was the most terrible thing she could have done. Jane believed that she had ruined her family unit and had hurt them deeply because of her rebellious and selfish attitude. All her life that belief has caused her to carry emotional guilt and feelings of depression.

Jane dropped out of school and ran 4000 km away from home when she was 15. She found full time work to support herself but she began to drink and do drugs quite extensively. When she was 18 she returned home and took the

necessary steps to get her grade 12 and was accepted into University when she was 21. She was very strong and independent to do that all by herself. At age 33 her mother passed away and at 34 her father did. She always burst into tears whenever she talks about her father. She misses them immensely and regrets not spending her teenage years with her family.

Jane has an important belief that she will never meet a nice guy. She has had several relationships with men, but they have always failed. She thinks the problem is that she picks up guys for the wrong emotional needs. During her treatment she was casually dating a man.

Outcome measures

Jane was asked to report her mood before every session and complete the Beck Depression Inventory (BDI)[8] and Tree Factors Eating Questionnaire (TFEQ)[9] every two or three weeks. She reported how many times she overate and lost control right before every session. In addition, we assessed her self esteem with "Rosenberg's Self Esteem Scale" (SES)[10] every month.

Treatments

We administered "Yangsung Program" which started in 2000 at the Choiseung Oriental Medical Clinic. "Yangsung Program" is a holistic program for obesity, focusing on "self awareness." As previously stated, the treatment deals with a patient in a three dimensional ways(Fig. 2).

1. First Dimensional approach - "BODY"

1) Exercise and Food intake

Jane have experienced many different types of

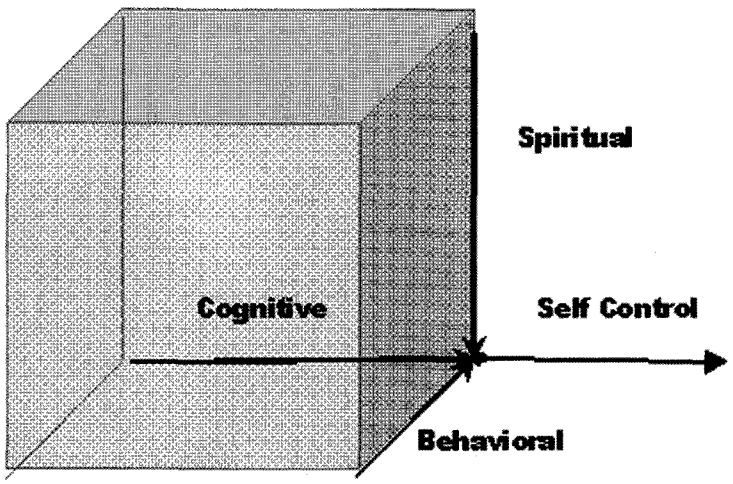

Fig. 2. Three dimensional approach

diets, like weight watchers, and worked out regularly for several years. She looked overweight (BMI = 26) but at the same time, was very athletic and in good shape (Body fat ratio = 26.5%). She already knew every detail of proper meal, nutritional factors and which exercise was good for her through many diet experiences. So our concentration with Jane was for her not to compensate with emotional overeating or with excessive exercise or skipping meals.

2) Timing meal

We educated Jane regarding the importance of habit and timing of meals[11]. Many patients struggling with emotional eating tend to skip their meals and then suddenly binge. Several studies suggest people support homeostatic regulation and eating intuitively (in response to internal cues of hunger, satiety, and appetite) instead of cognitively controlling food intake through dieting[12,13]. This strategy is called "Intuitive eating" on contrary to "timing meal". But, "Intuitive eating" is not suitable for a patient who tends to eat emotionally. They can't tell whether they are biologically hungry or emotionally hungry. So it is very important to set a habit for regulating their eating. Jane was allowed to have three main meals and two snacks throughout the day. This was initiated during the 5th week because it was at that time when she was able to deal with her emotions more effectively. If the "timing meal" had been applied too early, she could have easily lost her control and felt helpless.

First, we emphasized the importance of regular meal size to regulate the set point (threshold) and to feel satiety in her brain. Also, we recommended eating 4 times throughout the day (1000~1200kcal/day). Second, we insisted that she eat every meal on schedule. This method helps the patient to prevent their unintended emotional eating. It is also a procedure that as-

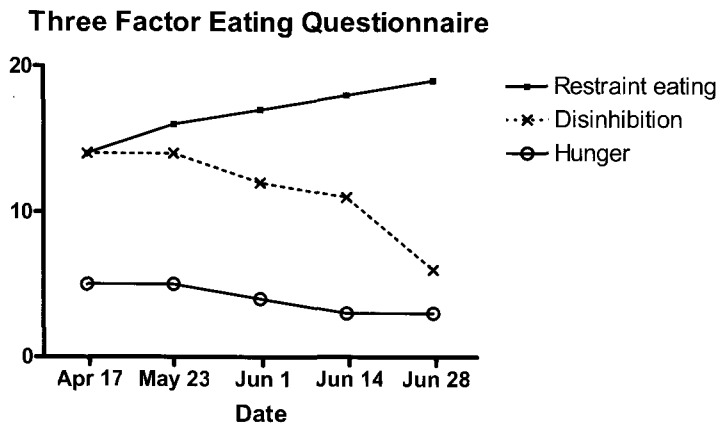

Fig. 3. Three Factor Eating Questionnaire

sists in finding the biological hunger and satiety rhythm of each individual. If they can get used to this biological hunger and satiety rhythm, they can eat intuitively and subsequently be healthier and lose excess weight. By making scheduled meals a habit, we can reduce the "disinhibtion" score on TFEQ. Her "disinhibition" score was high (14), eating on time was a hard and essential work.

3) Assessment

We assess the "hunger" and "disinhibition" score in TFEQ[14,15]. Assuming Jane was successful with timing her meals, she would feel less hungry and would have a low disinhibition. Because Jane's case is still in progress, preliminary results didn't show a significant change. Both scores relating to hunger and disinhibition were reduced only slightly.

2. Second Dimensional approach - "MIND"

1) Setting the Goal

Clarity of the patient's goals is very important for both losing and maintaining weight[16]. Unspecific goals can cause weakness in motivation. Many patients can not identify their purpose for weight loss. They are only specific in how many pounds they want to lose, but in many cases the purpose of weight loss and the weight goals are mismatched. They tend to regain weight easily even after their successful weight loss, because they couldn't identify their primary purpose. Z Cooper (2001) addressed this purpose of weight loss as "primary goal"[17]. It was hard to clarify Jane's purpose for weight loss. She thought if she lost weight then she would feel better about herself emotionally. Therefore, her key purpose of weight loss was emotional security and weight goal of 60kg (BMI=23). As the sessions continued, she understood that she had to be emotionally secure with herself first to lose weight effectively and the emotional security is not the purpose of weight loss. Her purpose for weight loss was modified to encompassing an ideal of a healthy lifestyle and athletic appearance.

2) Formulation

This formulation is presented visually in Fig 1. CBT postulates that people have underlying beliefs about themselves, which society labels as "core beliefs."[18,19] These core beliefs are formed on the basis of past personal experiences[20]. Jane had experienced feelings of being abandoned and unloved by her father. These experiences led to the formation and strengthening of certain core beliefs about her, e.g., "I'm not worthy enough to be loved," "men will leave me someday," and "I always choose the wrong guy." Such beliefs were used to develop a variety of rules for her life, which consequently interpreted new situations. Jane has some inflexible rules which influenced her moods frequently, for example, "If he does not call me on time, he doesn't love me as much as I love him." Also, she tends to over-generalize a couple of situations, such as "I have to control myself com-

pletely," "I should not inconvenience others," and "If they break the tiny, little rule I have made, it's because they don't love or respect me enough." When Jane interpreted an incident as evidence that she was not loved this triggered her core belief that she was not worthy enough and would feel abandoned. That initiated many negative, automatic thoughts, moreover, these thoughts would affect her mood and behavior. Generally the result would be overeating, smoking, and drinking. After abusing herself she would go through a process of self evaluation once again. Jane was good at common strategies such as alternative thinking, problem solving, but when she was tired or exhausted, her strategies didn't work. She wanted to feel better, especially about the relationships and her feelings of loneliness. At first she thought if she lost weight she would feel better and happier, but as the sessions continued she understood that it was her emotional problems that made her overeat. More importantly, she realized that if she could change her core belief, she would not overeat and ultimately lose weight(Fig. 3).

3) Assessment

We assessed her mood with BDI and examined how many times Jane overate. Generally, her moods have varied considerably depending upon the specific situations. The dominant negative feelings she experienced were loneliness and feeling unloved.

Jane reported the frequency of overeating between sessions, but the frequency had decreased substantially. As Jane began applying the alternative strategies she also began to recognize thought patterns associated with her emotional eating. More importantly, she could be more subjective and controlled her emotional overeating. Unfortunately, her eating patterns are still greatly affected by her moods. For example, on May 9 she was depressed (BDI=14) and overate 7 times in a period of just 7 days. This connection must be addressed more extensively.

3. Third Dimensional Approach - "SPIRIT"

The main issue of this approach is the "discovery of true self." However, the expression "Sung

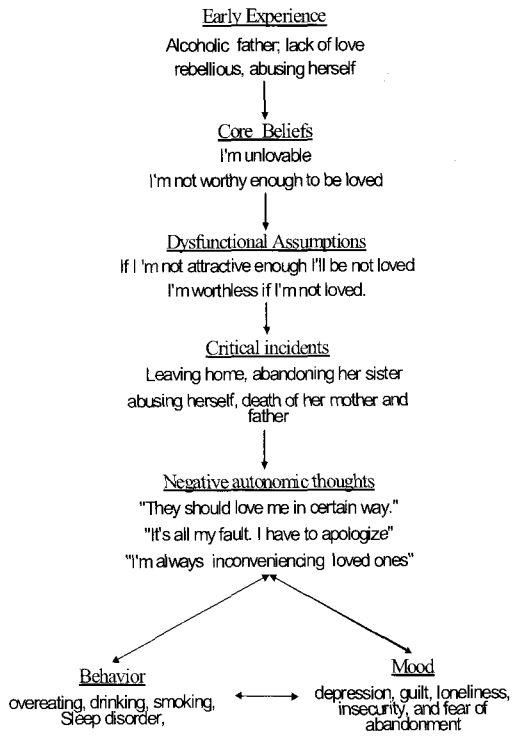

Fig.4 Formulation of Jane's Beliefs

(成, True-self)" referred to in this paper does not mean exactly the same as that in western society,[21] The conventional medicine focuses on the correction of emotional problems, however in oriental philosophy, which formed the background of oriental medicine, it is assumed that every individual already has a good nature, e.g., Buddha's nature (心佛及衆生 是三無差別,心卽是佛), Good nature(養性)[22]. We can find common points with the concept of "Self" in existential psychology. Heisler(1973) explained "Self" to include divine areas and not merely an individual psyche and Finch(1985) referred "false self" as a contrary concept of true-self[23]. Zen Buddhists say, "Only by realizing your "True-self", you become a Buddha (見性成佛)"[22]. Taoist also says "Everybody has a simple but ideal self, like a mystic mirror"[24]. We defined "True-self" as a good, creative, and spiritual self which has not been distorted by individual experiences and environments.

We stressed the importance of not trying to be someone else, but instead finding undistorted natural self. "Discovery of true self" can lead patients to solve their distorted beliefs and enhance their self esteem by identifying positive emotions and self image. Therefore, by realizing and identifying with "True self", their self-esteem could be enhanced and more effectively attained. During the weight loss process an individual needs to address the psychological process of identification and adopt a new way of life. This process is different from forming a habit or a biological adaptation.

For example, dieters who are reducing their meal size are frequently asked "It's not like you, what's up?" It's a symbolic question which represents the contradiction between the individual's old and new self image. Dieters often think that they accept the new weight pleasantly, but they are reluctant to embrace their new image created by their new approach to life. Some patients are afraid of being recognized as another image. They want the change

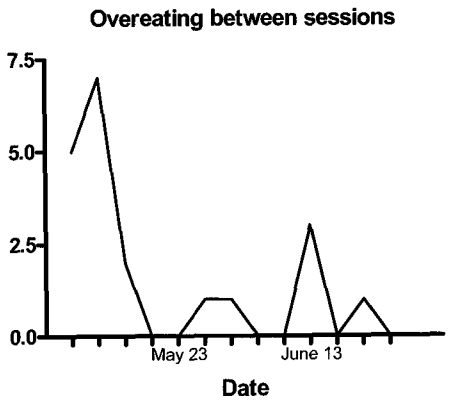

Fig. 5. Beck Depression Index

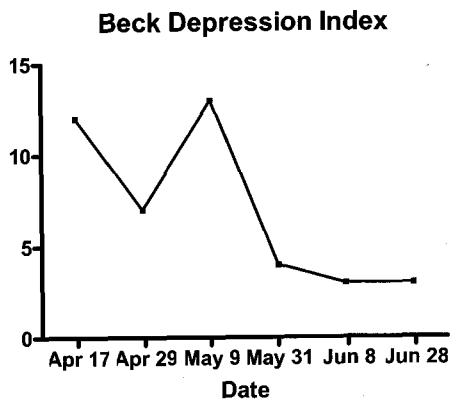

Fig. 6. The Frequency of overeating

of body, but they don't want to change their self image. They are more comfortable with their old self. Therefore their general answers are like these; I'm on diet now I'm trying to lose my weight. These answers have the underlying meanings; I eat little and exercise temporally, and sooner or later I can eat with you just like before Please, don't think the wrong way about me, I'm the exact same person you have known for decades Instead we suggest that the patients respond like; I don't want to eat more, It's strange.... My stomach may become smaller after the illness, I don't know why". Or more directly, "I've changed my way of life and thinking, I made a decision to live like this". With these types of answers the dieters can address others as well as themselves I've changed substantially. It is a simple example of the process of identification with the new self image by changing the individual's image built and distorted by others.

Dieters who failed to identify with their new way of life tend to view themselves as fat. Consequently, they will always be afraid of regaining their weight, even if they lose their weight successfully and maintain it for a long duration. Some of them don't try new clothes or hair styles. Because they think they are naturally

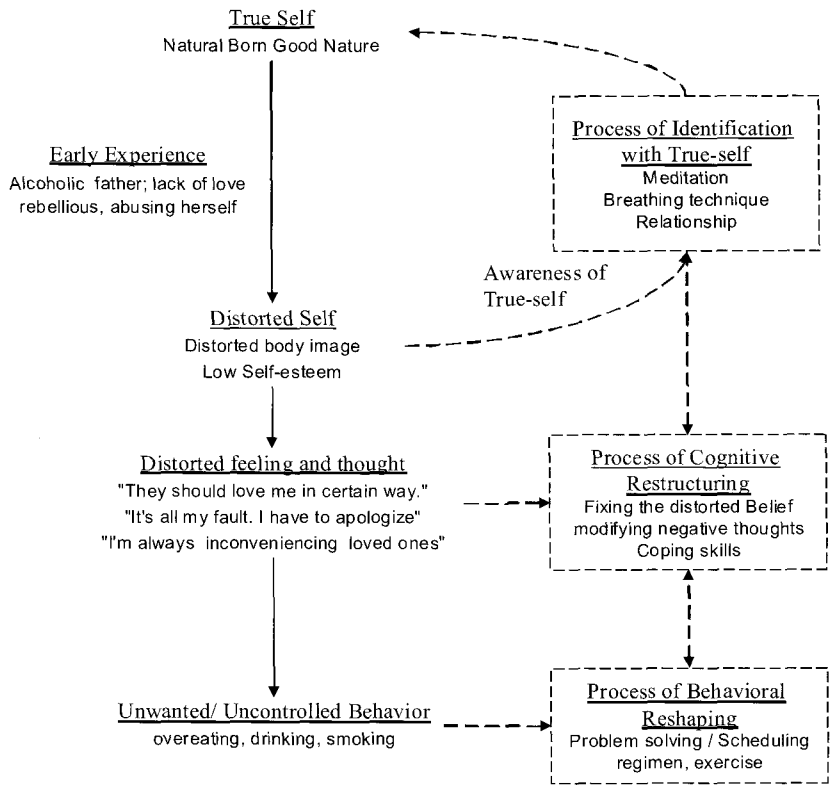

Fig. 7. Each Process of intervention

born fat, they can not accept themselves as a lean person. Their self-esteems and body images are generally poor and they insist that they must lose more weight. They continuously diet or regain their weight, never satisfied, consequently decreasing their self-esteem. The solution is twofold; a new eating regimen must be adopted as well as a positive identification of self image. If they fully accept and acknowledge their new self image, then they can effectively maintain their weight loss. When this new self image is healthy and natural for them, we can assume it is one aspect of true-self. Definitely true-self does not only mean body image, but also, it includes many aspects like; self control, undistorted relationship, and absence of abnormal behaviors., etc. Practitioners must continuously help their patients to mentally recognize their new self as well as the changes in their body image. Most patients are basically healthy people, but some of them have already identified with their "false self" as uncontrolled, destructive, and maladaptive patterns. We emphasize that patients need to work through the process of re-identification with the forgotten "true-self"(Fig. 7).

1) Meditation

Our meditation program incorporates 5 steps (Fig. 8). Initially, Jane was taught breathing techniques and meditation posture. Sometimes we applied acupuncture to help her relax. Acupuncture can be an effective aid for meditation by stimulating the para-sympathetic nerve system. We used two acu-points; *'Hapgok'* (LI14) on both hands and *'Bakhwai'* (GV20) on the head. Having never meditated before Jane needed to get accustomed to the process. Presently, Jane is practicing basic meditation and relaxation skills.

2) Hwadoo

During this phase we administer meditation which incorporates *Hwadoo*. "*Hwadoo*" is the act of pondering of simple questions to gain awareness, which is a method used by the Buddhist's dis-

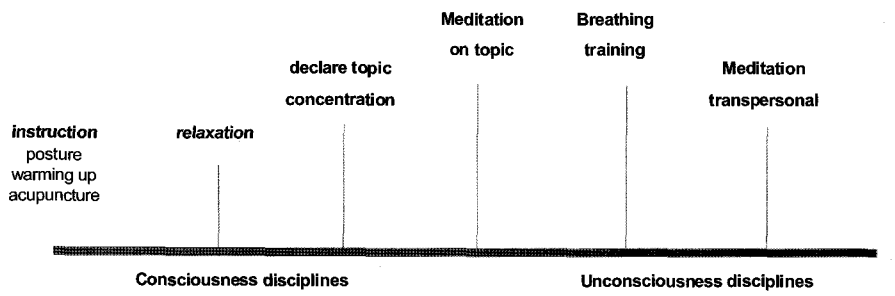

Fig. 8. Five steps of Yangsung Meditation

cipline[24] Even though Jane was a Christian, she comfortably accepted the Buddhist's method. We think that "Centered Prayer"[25] can alter the meditation or "*Hwadoo*", which may be easier for the general population to apply.

Several different 'simple questions' were suggested to Jane. Her responses were interesting and reflected her cognitive thought patterns. For example, her answer to the famous question "*Jultakdongsi*" (which means baby chicken and hen peck at the same time) was the desire of the baby chicken to eat and the duty of the hen to nourish her baby. It reflects the typical way of her thoughts indicating that Jane was very scientific and had a strong sense of responsibility. She always has 'to do' lists and generally gets them done. Her feelings of guilty or responsibility might be portrayed as the duty of the mother hen. And, the fact that she has always fought with food might be represented as the baby chicken's hunger. However, the responses for "*Hwadoo*" could be interpreted in many different ways. "*Hwadoo*" is a very useful technique to help analyze unconscious thought patterns. Patients can more easily meditate by concentrating on "*Hwadoo*" then just trying to repress all the thoughts and get into a transpersonal state. In addition to "*Hwadoo*", we also implemented the technique of 'counting numbers' to help Jane focus her mind on meditation easily.

3) Imaginary and visualization

"Yangsung program" focuses on the discovery of "true self", so it is crucial not to visualize somebody else. The ideal scenario is to find the patient's positive clues that are hidden deep inside. Jane thought she was basically fat because she has always struggled with her weight. She thought if she ate and drank like she wanted, she would automatically gain weight. Jane was a very lean young female when she was a child and neither of her parents was overweight. We found out the weight concern had started

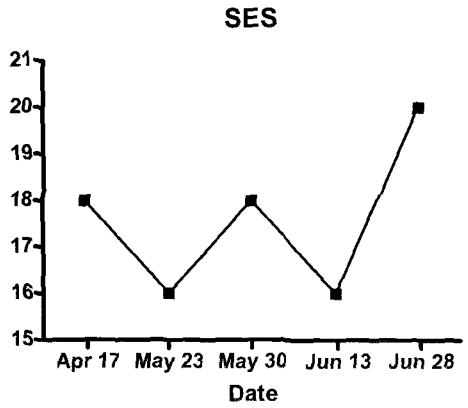

Fig. 9. Rosenber's Self Esteem Scale

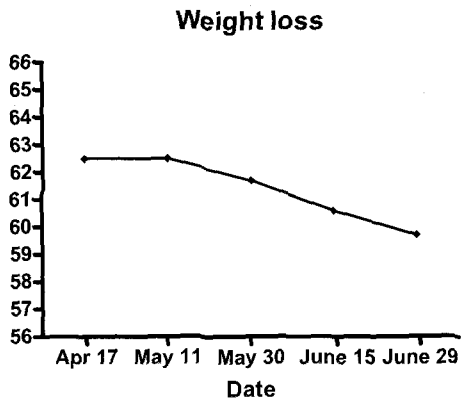

Fig. 10. Weight loss

with her emotional problems. There was no evidence for her to assume that she is basically and genetically fat. We then challenged her thought and body image distortion. She could admit that she had always been a basically lean person, and her problems (emotional and environmental) distorted her life and weight. So, Jane was trained to visualize her own image like that. In addition, we suggested that she remove the pictures of super models on the refrigerator and attach her own pictures.

Recognizing 'Body image distortion' and thinking about herself as a normal person is very important for long term maintenance of weight. Weight suppressors tend to think that they are basically fat. And, if they do not control their caloric intake they will subsequently be fat. But ordinary people who maintain their weight without any effort think that they are basically in normal weight category. If Jane thought of herself as a healthy lean person, it would be much easier to maintain her weight life long.

4) Assessment

We assessed SES to qualify Jane's thoughts about herself, and Restrain Eating, assuming that Jane can control herself more effectively if she could find her "true self", which would enable her to feel less stressful about her eating habits. Poor self-esteem is significantly correlated with poor body esteem[26-8]. Kim (2000) insists that a successful weight loss program must involve basic education and effort to enhance an individual's self-esteem[4]. We assumed that if patients enhance their self-esteem than they will be able to see their body more subjectively. It is one of essential procedures in finding one's 'true-self'.

It is controversial that SES can stand for the "Finding true-self." However, we selected Rosenberg's SES as a scale for "true-self," with two considerations. First , SES is a sufficiently proven scale for decades. Second, SES is the scale for primary thought about one's self, which doesn't easily change. Initially, Jane's baseline SES score was somewhat low, so we expected it would improve, but it did not. Conceivably, the period of intervention was too short (6 weeks), and she could not realize her good nature or true-self in such a short period. We anticipate that overtime we will ultimately help her recognize and discover her true self. After the 6 weeks treatment, her total weight loss was 5 kg but she was satisfied with her gradual weight loss.

Discussion

We reported on one common case with emotional eating problems. Totally Jane lost only 2.8 kg for 10 weeks and most of her weight loss was related with the 2nd dimension of behavioral intervention. Preliminary results indicated that the other two dimensional efforts didn't effect the initial weight loss. However, it would be a hasty judgment if we concluded that cognitive and spiritual dimensions did not play a roll in her initial weight loss.

Her frequency of overeating was reduced initially. It might be strongly related to her emotional handling which corresponds with the cognitive dimension. We expect that she will lose her weight continuously as sessions go on. The "Restraint eating score" increased in spite of the 3rd dimensional approach. Early studies reported that restraint eating was predictive of counter-regulatory behavior when subjects were challenged with a palatable food[29]. Obese patients with dietary restraint who exert flexibility, rather than rigid control on food intake are at lower risk of developing disturbed eating patterns during a reducing diet[30]. As a result, we have been trying to subside her feeling of restraint through various methods. These methods include; regular scheduled meals, controlling the feeling deprived and adapting to new ways of thinking. Moreover, the diet schedule and kind of foods were negotiated with Jane and those were constantly modified, plus, we were cognizant as to not to make her feel guilty after overeating. More recently, it was suggested that only persons with high restraint and high disinhibition showed counter-regulatory responses when challenged with energy-rich foods[31]. In Jane's case disinhibtion score was getting lower, so we expect that she has a less possibility of counter-regulatory responses after the program. We will report the final results of Jane case after in 6 to 12 months.

Patients who visit a diet clinic are usually not obese, most of them are in a normal weight range or overweight. Only 10.4% of female outpatients are obese (BMI>30) and the most common purpose for weight loss is enhancement of their appearance in Korea[32]. Apparently among these clients who are not obese, the psychological approach is much more important than biological treatment. It appears that they don't require medication or surgical treatment. So far, in the field of obesity the major portion of psychological treatment has been behavioral therapy like the LEARN program[33]. While behavioral approaches are often successful in achieving clinically significant weight loss, the weight lost is generally regained. Behavioral therapy techniques have succeeded in producing weight losses in the region of 5 kg on average, and in the short term may be more cost-effective than drug therapy[1]. The great majority of patients return to their pre-treatment weight within 3 years. Behavioral treatment is effective in changing behavior over a short period of time but long-term results are not encouraging. There have been attempts to improve the long-term effectiveness of behavioral treatment but the results have been disappointing. Recently many kind of cognitive programs have been introduced. Some of them contribute to the failure of long term management of obesity by neglecting the cognitive factors. Currently, cognitive programs are popular in this field, but there is less emphasis regarding the concept about spirit and the subconscious mind. We have to remind that Human beings have spiritual nature and that plays an important roll in controlling ourselves. Both psychological and spiritual approaches are essential, particularly in the lifestyle which contributes to chronic conditions like obesity.

In conclusion, our clinic recommends a holistic

program which includes behavioral, psychological and spiritual approaches, based on Oriental Medicine. Traditional oriental philosophy looks at the body as a whole; mind, body and even spirit. Therefore, Korean medical doctors trained with traditional medicine (KMD) treat the problems of body with psychological methods and treat the problems of mind using biological methods, such as herbs and acupuncture. So we are used to these kinds of holistic crossover approaches.

We published two clinical trials regarding this holistic treatment for obesity. One of them explained the theological background and philosophy of this program and the results of clinical trial[6,7]. We have undergone the controlled trial about this "Yangsung Program" and published the results. In both papers we could conclude that this holistic treatment is effective in losing weight and enhancing self-image to regulate patients' eating behavior. But it is extremely difficult to explain how to implement this treatment in the actual field. Commercial diet programs only suggest motivation and behavioral modifications, and they have not been very effective. Psychologists have been focused on solving the cognitive problems to adjust the patient's thoughts, but that alone has not been enough. Initially, we thought the spiritual aspect was the primary concern, so we concentrated all the effort to help the patients to find their "true self", but this was not so effective.

We could conclude that obesity and weight control is multi dimensional problem and we must approach with holistic way specific to the individual. Implementing this three dimensional approach is very confusing and might be considered hard to apply in the clinical field. Generally the easiest way is not the most effective way. Many people think the easiest way to lose weight is somewhere hidden in best selling books. The best and easiest way is holistic change of life. If they only change their diet dramatically, they will still have to fight with their life long emotional issues, and in most cases they lose their battle. Therefore the "holistic change of life and adaptation to their new way of living" is the best and easiest way to lose and maintain weight. So far there was no regulated holistic program that includes behavioral, cognitive and spiritual approach. "Yangsung program" was developed to treat the obese/overweight and related psychological problems in a holistic way. In this paper, we illustrated the new three dimensional approach - "Yangsung Program" using a form of case report. We hope you can easily understand the flow of the three dimensional approach in consultation with obese patients with this case of Jane.

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