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An interactional approach to weight reduction

Carole T. Gygi
Portland State University

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AN ABSTRACT OF THE THESIS OF Carola Y. Gygi for the Master of Science

Title: An International Approach to Weight Reduction.

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A treatment program was designed to enable subjects to lose weight
through the use of self-confrontation as described in Saslow (1969), and the
use of the General Relationship Improvement of the Human Development Institute
(HDI), Berlin and Wyckoff (1964).

Self-confrontation is a programmed rehearsal of a specific problem
by one person alone, for a five-minute period. The rehearsal, or self-
confrontation is to be as vivid as possible, intellectually, emotionally,
visually and physically.
The General Relationship Improvement Program is a 10-week text, worked in pairs, which is aimed at better intrapsychic and interpersonal communication and understanding.

Four matched groups were used in the study. Group I, N=10, used nutritional information. Group II: N=8, used the HDI program. Group III: N=9, used the self-confrontation technique. Group IV: N=12, used a combination of the self-confrontation technique and the HDI program. The mean weight losses were as follows: Group I: 1.25 lb. Group II: 2.75 lb. Group III: 10.89 lb. Group IV: 5.91 lb. Approximately 6 hours of experimenter time were spent in actual contact with the subjects. Only 2 weights were recorded by her, the first and the final. The other weights were self-recorded. The study was designed to continue for 12 weeks.
AN INTERACTIONAL APPROACH TO WEIGHT REDUCTION

by

CAROLE T. GYGI

A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE
in
PSYCHOLOGY

Portland State University
1971
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My thesis chairman, Doctor C. E. Sengstake was not only critical and helpful, he also laughed when I cried. Doctor M. Weitman's outstanding ability in experimental design has, I believe, made this thesis a study with human beings of which we can both be proud. Doctor R. E. Jones not only helped me as a member of my committee, but as head of my department has given me untold opportunities to experiment and grow.

I would like to thank my friend and colleague, Mrs. Janet Lahti. She did the pilot work with me and the research with me. Her continuing interest in the problem of obesity gave an enthusiastic boost to this effort.

I would also like to thank Mrs. Joyce Lindhe, who typed and edited the manuscript. Through the years she has done many things for me, some of which she's unaware.
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INTERACTIONAL APPROACH TO WEIGHT REDUCTION

CHAPTER I

INTRODUCTION

Obesity has long been recognized as one of mankind's major health hazards. Many investigators have attempted to describe, understand and treat obesity. Attempts to deal with and change the undesirable behavior of overeating have been, for the most part, highly unsuccessful. In general the results of weight reduction programs are unimpressive and even minor weight losses tend not to last.

Obesity is a result of two things: overeating and insufficient activity. Many ideas have been posited to try to explain obesity. Such things as: depression (Simon, 1963); anxiety (Cautman and Pauley, 1961); and other personality problems. Inactivity is seen by some as a major factor in obesity (Bloom and Erdix, 1967, and Mayer, 1935). A defect in the organism's perceptual imagery mechanism, which results in distorted body image is thought by some to play a part in the development and continuance of obesity (Cygi, 1968, Glucksman and Hirsch, 1968, & Stunkard and Mendelson, 1961). It appears that in obese patients concomitants of food deprivation, e.g., gastric motility, are not related to eating behavior to the degree that they are in people of
normal weight (Schacter, 1961). On the other hand, external cues, such as smell and taste, affect eating behavior of obese patients more than they affect the eating behavior of normal patients.

Obese people tend to see themselves as obese even after significant amounts of weight have been lost. People who are obese from childhood seem to have a fixed body image size that is not easily changed. In people who are extremely obese the need seems not to be the need to overeat but rather the need to be overweight (Kurland, 1967).

Emotional symptoms and even mental breakdowns have been reported during periods of weight reduction (Bruch, 1958, & Stunkard & McLaren-Hume, 1969). The roots of the problem of overeating are obviously complex and diverse, dependent upon the genetic, psychological, sociological, cultural, economic and physiological characteristics of the person.

Obesity looms as an intractable, disabling, mental and physical health problem. Stunkard (1958) says: "Most people who are obese will not stay in treatment. Of those who do stay in treatment most will not lose weight. Of those who do lose weight most will regain it."

In a more promising vein, Saslow (1969) has described a technique he called "self-confrontation," that has been used by one of his patients to lose weight. The technique apparently enabled the patient to lose weight and to maintain the weight loss for a significant period of time.

As described by Saslow self-confrontation (SC) is a programmed rehearsal of a personal problem, by one person alone, for a five-minute
period. The rehearsal, or self-presentation is to be as vivid as possible, intellectually, emotionally, visually, and physically. In effect self-confrontation amounts to taking a planned time-out, where one can experience troubling feelings without the opportunity to act on these feelings. During this time-out the person can become skillful in sorting out various feelings and at the same time can become accustomed to the feelings. This seems to result in an alteration of the feelings, and related attitudes, sensations, and thoughts.

An example of self-confrontation is as follows:

"I'd become weary fighting the good fat-fight so I decided to experiment with the self-encounter technique taught me by Dr. Saslow. I secured a diet which was supposed to result in a 10-pound weight loss in 10 days. At this time I weighed 140 pounds. My plan was as follows: whenever I felt hungry I would go into my room and remain there for 5 minutes. During this time I would experience the hunger feelings. This I did for a day or so. Then I discovered that the hunger feelings seemed to be every place in my whole body—except for a hole in the very center of my stomach—analogous to the eye of a hurricane. This great empty space seemed to me not to be a hunger feeling, but rather nothingness. Anyway, after experiencing the hunger feelings I found out that if I forced all the air out of my lungs and contracted the stomach muscles, the hole seemed to disappear and the hunger feeling seemed somehow safely contained where it should be. I added this to my 5 minutes. I would also imagine how I would feel if I were to go to the kitchen and try to satisfy the feelings. I would consciously call to mind the awful, after, too-full feelings and the feelings of impending fatness that I had known so many failing times before. Then if it were time to eat I would, if not—I would go about my business—unhungry..." (Saslow, 1969).

The idea looked interesting and promising. A treatment program was designed to enable subjects to lose weight through the use of the self-confrontation technique. Pilot work with the technique indicated that
an important variable as to whether or not the subjects could use the
self-confrontation technique, could be simulated and tested through the
addition of the General Relationship Improvement Program of the Human
Development Institute.

Pilot work done by the experimenter indicated that self-confrontation
as a weight reduction program was very successful for some people. Back-
ground information on these successful self-confrontation users indicated
that they had had some kind of prior group experience, e.g., group
therapy, TOPS (Take Off Pounds Sensibly group), and psychotherapy. It
was decided to simulate a therapy situation by using the HDI (Berlin &

The General Relationship Improvement Program (HDI) is a ten-session
programmed text, which is worked in pairs, and is aimed at better intra-
psychic and interpersonal communication and understanding.

The purpose of the study is to test whether or not self-confrontation
might be a useful tool in weight reduction. The treatment program was
designed to enable subjects to lose weight through the use of self-
confrontation, and the use of the Human Development Institute Program (HDI).

It was hypothesized that a group using the self-confrontation
technique in combination with the General Relationship Improvement
Program, would achieve the greatest weight loss. The group using only
the self-confrontation techniques would be next in terms of weight loss
(second). The group using only the Human Development Institute program
would be third in terms of weight loss. The group using only nutritional
information would lose the least amount of weight during the course of the study.

Many modes of treatment have been employed and most have failed. Treatment programs range from "low calorie products and exercise salons, to Yoga and hypnosis" (Erickson, 1950). Other treatments include "dietary instruction (Young, Moore, Barresford, Einset & Waldner, 1955), appetite depressants and other drugs (Silverstone & Solomon, 1965), general medical advice (Stunkard, 1958), psychoanalysis and other forms of psychotherapy (Bruch, 1957), group discussion of physical and emotional factors (Harmon, Purkonan & Rasmussen, 1958), aversion-relief therapy (Thorpe, Schmidt, Brown & Castell, 1964), recording all eating (Ferster, Nurnberger & Levitt, 1962, Stollak, 1966), self-control (Ferster et al., 1962, Wolpe, 1958), operant conditioning with shock (Mayer & Crisp, 1964), and aversive counter-conditioning with nausea (Cautela, 1966)", Harris (1969).

For the most part studies reported in the literature are either inadequately controlled or not controlled at all. According to Harris (1969), most reported studies fall into two general groups: case histories of techniques which proved successful with one or with a very few patients; and survey studies of patients in a medical setting. Most treatment programs report a general lack of success in effecting short-term weight loss (five pounds or more in a three-month period), and even less success in effecting any long-term weight reduction (ten pounds or more which lasts more than one year).
CHAPTER II

METHOD

Subjects:

The subjects were people who answered an advertisement in a college newspaper and in a mid-week section of a local newspaper. The advertisement asked for people who wanted to try a new approach to weight reduction, who were 45 years of age or under, and who wanted to lose at least 20 pounds. A list was compiled of people who came in to sign up and who filled out an initial questionnaire. The questionnaire is included as Appendix A. These people were sent a notice by mail which instructed them to come in for initial weighing and for assignment to a treatment group. Eighty-eight people appeared at the designated time and place. Fifty-four people reported to their treatment group to be instructed on the procedure they would follow. Thirty-nine people became the final subjects, considered in the statistical analysis of the study.

Treatment groups:

The group using only nutritional information (I) met with the experimenter. They were told that some theorists believe that the only thing necessary to enable a person to lose weight is to make them more aware of nutritional facts and to check on them periodically. This group was told that they would be testing this idea. The experimenter
reminded them of the importance of being weighed every week.

The group using the HDI (II) met with the experimenter. They were given an HDI text to examine. They were told that this programmed text was aimed at making them more aware of their feelings, both physiological and psychological. They were told that they would be working in pairs and that hopefully the program would help them to understand and be able to sort out different kinds of feelings—especially hunger feelings. They were also told that in addition to this, it should help them express their feelings with more ease. The experimenter expressed the hope that this would reduce frustration eating. The subjects were assigned partners and were also assigned a room and a time to work the program. That room was available to them for the rest of the study on the same day and at the same time. They were reminded of the importance of being weighed each week at the same time of day. They were informed that they could make their weighing coincide with their working time if they wanted it. Most of them did. The one group using just the HDI was included in the study in order to see whether or not this kind of program would be a successful aid to weight reduction without the addition of self-confrontation.

The group using self-confrontation (III) was given a reprint sheet from the work done by Saslow (1969) (Appendix B). This reprint sheet was an example of self-confrontation. The experimenter allowed time for the people to read this reprint sheet. She then played a short segment of a tape recording made during the pilot study. The
tape was that of a woman who had successfully employed the self-confrontation technique as a means of reducing her weight. The experimenter then answered questions. The subjects were instructed to use this technique at least three times a day and/or whenever they felt hungry. They were reminded of the importance of being weighed each week at the same time of day.

The group using the combination of self-confrontation and the HDI program (IV) were given the combined instructions of groups II and III. The experimenter expressed the idea that the HDI program should make them more aware of their internal feeling states and that the self-confrontation technique should help them deal more effectively with at least one of these feeling states—hunger. Groups II and IV were told that changes in their working time could be made by calling the experimenter.

During the course of the study the experimenter made three phone calls to each subject. These calls were made in an effort to maintain the membership in each group at ten.

Due to the nature of the experiment a large attrition rate was anticipated by the experimenter. An effort was made to maintain an N in each treatment group of at least 10. The initial group assignments based on the first questionnaire were as follows: Group I, 23; Group II, 20; Group III, 21; and Group IV, 24.

In the group using only nutritional information (I) only 5 people appeared on any kind of regular basis to be weighed. These were considered to be the contact control group. These people were motivated
enough to come in and record weekly weights. The rest of the people in the nutrition group were automatically assigned a no-contact control status which meant there was no contact with the program except the initial weight and the final weight.

In the group using the HDI (II) many people indicated early in the study that it was difficult for them to see any relationship between the programmed work and weight reduction. In this group 8 people officially began the program and 8 continued to work the program until spring vacation (6 weeks). After vacation only 4 people (2 pairs) completed the entire 10-week course. The people who dropped out spoke with the experimenter. They indicated that they felt it was a waste of their time to work the program. The experimenter agreed that it didn't seem to be very effective for them. She asked for their continued support in the form of being weighed each week, which they agreed to do.

In the group using self-confrontation (III) nine people consistently appeared to be weighed. One superobese (more than 20% over chart weight) subject promised to come but never did. Two phone calls were made to her in an effort to keep her in the study. She did not respond and was not included in the final statistical analysis of the data.

In group IV (combination of II and III) 18 people began the program and 14 finished. This was the only group which managed to keep superobese people throughout the 12 weeks of the study.

The four groups were matched on age, sex, prior psychotherapy experience, and weight loss goals. Whether the subjects were students or
non-students was not a factor in assigning them to a group.

A description of the final subjects appears in Table 1.

**TABLE I**

**DESCRIPTION OF SUBJECTS**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n</strong></td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>n = 39</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Men</strong></th>
<th></th>
<th><strong>Women</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over 25</strong></td>
<td><strong>Under 25</strong></td>
<td></td>
<td><strong>Over 25</strong></td>
<td></td>
<td><strong>Under 25</strong></td>
</tr>
<tr>
<td><strong>Yrs. of Age</strong></td>
<td><strong>Yrs. of Age</strong></td>
<td></td>
<td><strong>Yrs. of Age</strong></td>
<td></td>
<td><strong>Yrs. of Age</strong></td>
</tr>
<tr>
<td>More than Weight</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>30 lbs.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss Goals</td>
<td>Less than 30 lbs.</td>
<td>6</td>
<td>1</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No psychotherapy</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

These were people who were taught the various procedures, who continued in the program for at least 6 weeks and for whom a final weight was recorded.
Procedure:

The first meeting was a nutritional meeting which all subjects were asked to attend. A qualified nutritionist gave a lecture on the importance of an adequate diet even though it was aimed at losing weight. She passed out information sheets such as calorie charts, height and weight charts, and then answered any questions. At the conclusion of the lecture the experimenter read aloud the group assignments and handed people an instruction sheet on which was contained time, place, and date of individual treatment group meetings. By this time the subjects had had an initial weight recorded and had been tentatively assigned to a treatment group. The experimenter did not take roll at this meeting.

At all four individual treatment group meetings where the technique to be used was explained, the procedure was as follows: the experimenter introduced herself. She explained that the study was for a Master's Thesis. She gave the following brief instructions: the only way to lose weight is to eat less food than the body needs. Each person is to put himself on a diet which will enable him to lose weight. Each person must come in every week, on the same day, at the same time to be weighed. The subjects were told that the experimenter's office would be open, they were to weigh themselves, record their weight on a pad of paper left there for that purpose and then put it into a box marked "for weights." The experimenter personally supervised only two weights, the initial one and the final one.

The experimenter wore a white coat during the times she had contact with the subjects. The program was designed to continue for 12 weeks.
CHAPTER III

RESULTS

The pre- and post-treatment weights of individual experimental and control Ss are reported in Tables II and III. As may be seen in Table II,

TABLE II

PRE-TEST AND POST-TEST WEIGHTS FOR Ss

<table>
<thead>
<tr>
<th>Pre Post</th>
<th>Pre Post</th>
<th>Pre Post</th>
<th>Pre Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>135 135</td>
<td>***155 155</td>
<td>165 157</td>
<td>218 206</td>
</tr>
<tr>
<td>201 206*</td>
<td>188 172</td>
<td>182 167</td>
<td>***150 150</td>
</tr>
<tr>
<td>195 193*</td>
<td>155 155</td>
<td>220 194</td>
<td>***247 244</td>
</tr>
<tr>
<td>160 147</td>
<td>***160 160</td>
<td>152 146</td>
<td>165 157</td>
</tr>
<tr>
<td>229 224</td>
<td>162 158</td>
<td>165 155</td>
<td>189 194</td>
</tr>
<tr>
<td>131** 130</td>
<td>148 150</td>
<td>190 187</td>
<td>168 156</td>
</tr>
<tr>
<td>148 148</td>
<td>160 159</td>
<td>217 210</td>
<td>199 180</td>
</tr>
<tr>
<td>154 159*</td>
<td>169 166</td>
<td>182 170</td>
<td>156 150</td>
</tr>
<tr>
<td>151 155*</td>
<td>- -</td>
<td>181 170</td>
<td>231 220</td>
</tr>
<tr>
<td>**<em>235 230</em></td>
<td>- -</td>
<td>- -</td>
<td>209 206</td>
</tr>
</tbody>
</table>

* = No contact controls
** = Left town after 8 weeks
*** = Final weight received by phone
### TABLE III

WEIGHT LOSS FOR 10-WEEK PERIOD

<table>
<thead>
<tr>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>HDI</td>
<td>Self-conf.</td>
<td>Comb. II + III</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>+5</td>
<td>16</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>10</td>
<td>+5</td>
</tr>
<tr>
<td>1</td>
<td>+2</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>+5</td>
<td>3</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>+4</td>
<td>-</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+1</td>
</tr>
</tbody>
</table>

Mean Weight Loss

| Group | 1.20 | 2.75 | 10.89 | 5.91 |

N = 39
33 of 39 Ss lost some weight and group III (self confrontation) was the only group in which all subjects lost weight.

An analysis of variance (Edwards, 1950), using pre- and post-treatment weights was done on the weight lost data for the four groups. The summary of the analysis of variance is shown in Table IV.

TABLE IV

ANALYSIS OF VARIANCE

SUMMARY TABLE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>d.f.</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>7429</td>
<td>3</td>
<td>2476</td>
<td>1.384</td>
</tr>
<tr>
<td>Error</td>
<td>62602</td>
<td>35</td>
<td>1789</td>
<td></td>
</tr>
<tr>
<td>Trials</td>
<td>534</td>
<td>1</td>
<td>534</td>
<td>27.52***</td>
</tr>
<tr>
<td>Treatment x Trial</td>
<td>252</td>
<td>3</td>
<td>84</td>
<td>4.33**</td>
</tr>
<tr>
<td>Error</td>
<td>679</td>
<td>35</td>
<td>19.5</td>
<td></td>
</tr>
</tbody>
</table>

** P  .01
*** P  .001
The overall treatment effect was not a significant source of variance which is not surprising. The groups were matched on the basis of weight loss goals at the beginning of the experiment and this resulted in a partial matching of groups on weights.

The trial effect (i.e., the difference between pre- and post-weights) was a significant source of variance $F(1,35) = 27.52$ indicating a substantial weight loss over time for all Ss on the average. Furthermore, the treatment by trial term indicated statistically reliable interaction between the two main effects. With this analysis of variance the interaction term would be a test of the experimental hypothesis that there were indeed differences between the groups over time as a function of the different treatments used for each group.

A Newman-Keuls test for comparison among treatments means was done using weight changes as the dependent variable. The results of the Newman-Keuls test are presented in Table V and indicate that treatment condition III, that is self-confrontation, differed from the control and EDI groups but did not differ from group IV. No other comparisons yielded statistically reliable differences. These data in conjunction with the analysis of variance indicate that self-confrontation as a


**TABLE V**

NEWMAN–KEULS SUMMARY TABLE

<table>
<thead>
<tr>
<th>Treatments</th>
<th>1</th>
<th>2</th>
<th>4</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final</td>
<td>-1.2</td>
<td>-2.75</td>
<td>-5.9166</td>
<td>-10.55*</td>
</tr>
<tr>
<td>Means</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-2.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>-5.9166</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-10.55</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the .05 level

Treatment, resulted in significant weight loss for both groups using it. The utility of self-confrontation seems to have been reduced by combining the HDI schedule with it as in group IV. There is no clear-cut explanation for this finding.

The dropout rate of the study was as follows: Eighty-eight (88) people appeared to have their initial weights recorded. Fifty-four (54) reported to their initial group assignment to be instructed on the procedure they would follow. This is a loss of 39%. Of the 54 people who received initial procedural instruction, 39 people became final subjects considered in the statistical analysis of the study. This procedure resulted in a 28% loss after the first meeting. Stunkard (1959c)
reported that approximately 39% of people in weight reduction programs do not return after one visit.

In the final questionnaire there was no evidence of experimenter effect having been a significant factor in the weight loss of the subjects. In an open-ended question which asked for "comments about the study, for example—the technique, the experimenter, etc." only two questionnaires mentioned the experimenter. These two questionnaires were returned late, after the experimenter contacted the subjects and asked for their return. All other final questionnaires were answered at the final weight recording session. If the weight was taken by phone, the experimenter recorded the information at that same time. All subjects who answered the questionnaire expressed satisfaction with the program.
CHAPTER IV

DISCUSSION

The present study was based on the idea that obesity may depend in part on an unawareness or confusion of internal feeling states which then interact with the environment in such a way that a pattern of overeating is the result. It was hypothesized that if a person could be made more aware of feeling states, and be given an alternative of dealing with these feelings rather than eating, weight control might then be possible. This idea is given support by Schachter (1967) who gives evidence that people misinterpret many different kinds of feelings as hunger feelings. It is also supported by Bruch (1961) who observed that her obese patients literally did not know when they were physiologically hungry.

The results of the study are in accordance with predictions made in the hypothesis with one reversal. One surprising observation was that for moderately obese people, on a short-term weight reduction program, self-confrontation appears to be more effective by itself than it is in combination with the HDI program. The explanation for this is not readily apparent. Perhaps the deviation from the original experimental design, Tables 6 and 7, which resulted in group IV (self-confrontation plus the HDI) being taught two complicated ideas and techniques in one hour rather than in two separate hours as originally planned may have resulted in overload. The subjects in this group were most unwilling to spend any
### TABLE VI

**PROPOSED SCHEDULE FOR TEACHING METHODS**

<table>
<thead>
<tr>
<th>Week</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
</tr>
<tr>
<td></td>
<td>Weigh Method</td>
<td>Weigh HDI</td>
<td>Weigh* HDI</td>
<td>Weigh HDI</td>
</tr>
<tr>
<td>2</td>
<td>Weigh</td>
<td>Weigh</td>
<td>Weigh SC</td>
<td>Weigh SC</td>
</tr>
<tr>
<td>3</td>
<td>Study continues</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* E. met with Ss and explained that in order for the experiment to be standardized they must wait until the next week to be taught the method they would be using.

### TABLE VII

**ACTUAL PROCEDURE FOR TEACHING METHODS**

<table>
<thead>
<tr>
<th>Week</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
<td>Weigh Nutrition</td>
</tr>
<tr>
<td></td>
<td>Weigh Method</td>
<td>Weigh HDI</td>
<td>Weigh Time Held</td>
<td>Weigh HDI</td>
</tr>
<tr>
<td>2</td>
<td>Weigh</td>
<td>Weigh</td>
<td>Weigh SC</td>
<td>Weigh SC</td>
</tr>
<tr>
<td>3</td>
<td>Study continues</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
plus the HDI) being taught two complicated ideas and techniques in one hour rather than in two separate hours as originally planned may have resulted in overload. The subjects in this group were most unwilling to spend any more meeting time to be taught techniques. The experimenter decided that rather than risk losing any more subjects she would teach both these procedures (one intra-personal and the other inter-personal) in a one-hour period. An alternative to the explanation that the subjects might have been given more than they could handle in too short a time, is that of interference. Since the HDI doesn't work for weight reduction, perhaps reliance on it was a hindrance rather than a help.

The nutrition meeting held during the first week apparently resulted in many of the subjects dropping the program. After the first group meeting with group I, it was apparent that many of the subjects who had initially signed up for the program had not appeared for the treatment group meeting. The experimenter then made a phone call to all subjects in all groups reminding them of their group assignments and also the time and place of the group meetings. Many of the subjects indicated that they were simply not interested because they felt that it was more of the same old stuff: weight control through meetings and diet. The experimenter explained that the initial procedure and the nutritional information were necessary parts of any responsible weight reduction program. She stressed that the techniques to be used had nothing to do with diet and that each person would be working pretty much on his own and at his own pace. She invited everybody's participation.
When the experimenter explained the procedure that group I (nutrition) would be using, many of the people present commented, "Well, we are the controls." The experimenter did not respond. Group assignment was on a random basis with one exception. A 54-year old woman was included in the study by mistake. She was automatically assigned to the control group with the idea that she not be considered in the final data. The experimenter decided to include her in the statistical analysis as she was one of the control group who appeared every week to be weighed. She was the control subject who lost the most weight.

Although the experimenter was available every Monday for consultation, only three subjects appeared to ask questions. One subject volunteered a diet which he had found very useful. Extreme efforts were made to keep experimenter effects at a minimum in order that the results be as little contaminated as possible. This non-involvement on the part of the experimenter may be part of the explanation for loss of subjects in the initial phases of the study. Experimenter contact with the subjects was minimal: three phone calls and five structured group exposures. The instructions given to all groups were standardized.

The study is interesting from the standpoint of the investment of experimenter time. Approximately six hours of experimenter time were invested in actual time spent with the subjects. This is in comparison with time investments such as two weekly meetings of subjects with experimenter over a period of 24 months for the study done by Harris (1969), which resulted in an average weight loss of 8 pounds. Stuart
(1967) met with patients over a period of 12 months an average of 21 therapeutic sessions for an average weight loss of 30 to 45 pounds. These weight losses in comparison with a weight loss of 10.89 in ten weeks in group III of the present study indicate that this technique can be taught and made part of the subject's repertoire with very little contact with a therapist or experimenter.

Work (since this study) has been done at the University of Oregon Medical School in which a combination of self-confrontation with a behavior modification approach (utilizing operant and respondent conditioning techniques) appears to have been successful with two superobese persons (Molde, 1970).
CHAPTER V

CONCLUSIONS

Self-confrontation is an effective tool for short-term weight loss by moderately obese people. The HDI appears to be of no use by itself, and combination of the HDI and self-confrontation seems less effective than self-confrontation alone. In this particular study this could be the result of either overload or interference; or a halo effect may have operated. The Ss may have felt that since the HDI was of no use, the whole program was useless.

The best criterion for the effectiveness of any weight reduction program is, of course, long-term weight control. There is no information at present as to whether or not these subjects have maintained their losses or have continued to lose even more weight. Only follow-up can tell us this. Part of the success of this program may have been due to the fact that the idea was new, was different, and was being tested mainly by college students, or by people motivated enough to answer an advertisement in a newspaper and then go through elaborate and time-consuming questionnaires and meetings in order to try a new approach to weight reduction.

Self-confrontation appears to be of little or no use by itself for superobese people. The work done subsequently at the University of Oregon Medical School, however, suggests that such self-confrontation
may be part of an effective treatment program for weight control for the superobese person. Further research is worthwhile in terms of follow-up on the present study and to determine whether or not the self-confrontation procedure may be useful in combination with behavior modification techniques as a weight reduction tool for superobese people.
REFERENCES


Bloom, W. L. & Erdirx, Inactivity as a Major Factor in Adult Obesity, Metabolism, 1967, 16, 679-684.


APPENDIX A

ORIGINAL QUESTIONNAIRE

Name________________________________________Age______________Sex________

Address_____________________________________________________________________Phone________

Present weight________ Desired weight________

At what age did you become overweight_______________________________________

Have you had medical care for obesity______________________________

Explain briefly

Have you ever had: Group therapy____ psychotherapy____ Other____

Explain

Are other members of your family obese?

Explain

Is your basic body build: small____ medium_____ large_____

Comments:

YOU WILL BE NOTIFIED AS TO TIME AND PLACE OF FIRST MEETING.
APPENDIX B

EXCEPT FROM "EXPANDING STAFF REPERTOIRES OF TREATMENT BEHAVIOR." PAPER PRESENTED AT THE UNIVERSITY OF WISCONSIN, 1969.

"I've always been fat. From childhood till 19 years of age, fatness, diets, and misery were my way of life. When I was 19 I weighed 165 pounds. At 20, after ten of Dexedrine and 25,000 gallons of black coffee, I weighed a shaky 130; from fat activity girl to slim sexpot success story. But—I had a fat soul. From that day until 4 months ago (13 years) my appearance has consisted of a manic-depressive kind of syndrome of fat-thin, ugly-pretty, blonde-brunette, etc.

I'd become infinitely weary of fighting the good fat-fight, so I decided to experiment with the self-encounter technique, taught me by Doctor Saslow, in a creative clash with fatness and fat feelings. (Here I include such things as hungry though full, misery eating, too tight clothes, and dark dismay at my appearance.)

I secured a diet which was supposed to result in a ten-pound weight loss in 10 days. At this time I weighed 140 pounds. My plan was as follows: whenever I felt hungry I would go into my room and remain there for five minutes. During this time I would experience the hunger feelings. My plan was to first focus on the feelings, and then intellectually examine the feelings. This I did for a day or so. Then I discovered
that the hunger feelings seemed to be every place in my whole body—
except for a hole in the very center of my stomach—analogous to the eye
of a hurricane. This great empty space seemed to me not to be hunger—
but rather nothingness. Anyway, after experiencing the hunger feelings
I found that if I forced all the air out of my lungs and contracted the
stomach muscles, the hole seemed to disappear and the hunger feelings
seemed somehow contained safely where they belonged. I added this to my
five minutes. I would also imagine how I would feel if I were to go to
the kitchen and try to satisfy the feelings. I would consciously call to
mind the awful, after too-full feelings, and the feeling of impending
fatness that I had known so many failing times before.

Then, if it were time to eat I would, if not—I would go about my
business—unhungry. I followed the diet and the plan for ten days. I
lost 8 pounds without being uncomfortably hungry, and without diet pills.

Weighing a tenuous 132 on my scales (which underweigh 3 pounds),
I decided to see if I could get down to 128. This I did with not too
much trouble. I wanted to stay there—so I decided to try to stabilize
my weight and my body image, using this encounter technique.

Here I digress to say that I’ve never known what to expect from
my body or from my appearance. At best I felt temporary—at worst FAT.
In a group process workshop I asked one of the people to tell me what I
looked like. She made a list of descriptive words. I recited this list
to myself, and also used the other 2 parts of my plan for five minutes
three times a day from then till now.
I have stayed at 128 for 2½ months with little or no effort. Interestingly enough—no one has commented on the weight loss, or noticed a drastic appearance change. Friends still recognize me every time they meet me. (Sometimes I wonder if I've lost the weight—I tell you I weigh 128 on my good underweight scales!). I have gone out to dinner and have eaten everything I have wanted without having the night ruined by my fear of getting fat again. I am comfortable with my eating habits, and feel quite easy with my appearance. I even think I'm beginning to recognize myself in the mirror. Even more important to me, I feel as though I am really beginning to break out of that cement-jacket which made me feel everywhere fat, and nowhere permanent. I'm not totally out—but more hopeful than ever before. Every meal is not a threat to my self image at least.

I'm reporting, not concluding, and the 12 pounds are gone."
APPENDIX C

FINAL QUESTIONNAIRE

1. Did you use the 5 minute technique taught you?
   
   Yes  
   No

2. If you did use it, how often?  (circle one)

   Daily  Weekly  Other
   1-5    1-5
   5-10   5-10
   more than 10 more than 10

3. Comments about the study, for example - the technique, the experimenter, etc.