

UNDERSTANDING ATTACHMENT-TRAUMA-RELATED DYSFUNCTIONAL SELF-REGULATION IN OBESITY: “FILLING, FEELING, HEALING”

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In an interpersonal context, proximity seeking is often meant to alleviate stress and be comforted/soothed by a secure other person. However, for persons with early childhood stress and trauma-by-primary-caregiver, being comforted may not be available and high stress remains in the body. Also, the person becomes vulnerable to the development of stress-related diseases such as eating disorders, somatic symptoms disorder, depression, PTSD, etc. The self is not only a psychological construct but is also an embodied self from whom the person may be disconnected in different ways such as somatic self-detachment. Also, chronic heightened stress disrupts normal meaning-making and cognitive-emotional information processing, resulting in disorientation, disorganization, or dissociation among emotional-, cognitive-, and somatic/bodily domains of functioning such as dysfunctional self-regulation. Alexithymia, often described in patients with obesity, can be understood as trauma-related dissociation of emotional experience and avoidance/denial

of attachment. Research shows that obese patients proved less able in recognizing and labeling their own emotions. Alexithymia, dissociation, and depression proved related but with different symptomatology. Also, obese patients reported more interpersonal distrust than control subjects. Clinical experiences and research findings will be presented for dysfunctional self-regulation and somatic self-detachment in obesity, and associated mental disorders, e.g. PTSD (complex), severe dissociative disorders, borderline personality disorder (BPD) and somatic symptoms disorders. Several techniques oriented to improve self-regulation and self-care and diminish self-detachment will be described. Case descriptions and videos will also be included.

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