

Paul voestermans the body as selfing device essay sample

[Health & Medicine](#), [Obesity](#)



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Psychology's conceptualization of anorexia nervosa illustrates how the discipline deals with the body. On the one hand, there is an emphasis on the body as a physiological apparatus. On the other hand, specific approaches such as social constructionism stress the non-physiological body as something to which certain discursive meanings get attached. We propose to view the body as a producer of meaning in its own right, as a 'selfing device'. To this end we emphasize bodily communication as a continuous flow of co-regulated interaction. The body presents itself as the natural juncture of 'co-regulative skills'. The 'selfing process' involves multiple stylized bodily skills that testify to people's ability to take part in the life-world. Anorexia is seen as a disturbance of those skills.

Jerry M. Suls, Kenneth A., Social Psychological Foundations of Health and Illness

Stage models bear the potential of creating a rationale for stage-attached treatments that encourage or help individuals to get on track or master a difficult course of action. Interventions should be tailored to fit the needs of the recipients. According to the HAPA model, at least two different phases should be distinguished: a motivational or pre-intentional phase that results in intention formation, and a volitional or post-decisional phase that refers to the actual adoption and maintenance of a health behavior.

For people who are in the pre-intentional phase, enhancing perceived vulnerability would be the first step, followed by improving outcome expectancies and action self-efficacy. For their counterparts on the post-intentional phase, it would be more suitable to enhance goal prioritization

implementation intentions and action plans. Persons who are ready to act should be encouraged to form plans which specify when, where and how a desired action is to be undertaken. Forming plans depends to a large extent on actions will be, how much effort someone needs to enact behaviours they do not feel capable of performing.

Self-regulation is a complex, multifaceted process, and so it can break down in several different ways.

Therefore, it is not possible to identify a single cause or causal sequence that will explain all instances of self-regulation failure. Instead, there are several main pat

Self-Regulation Failure: An Overview

Roy F. Baumeister

Department of Psychology

Case Western Reserve University

Todd F. Heatherton

Department of Psychology

Dartmouth College

Physiological and Psychological Foundations for a Paradigm Shift

Health Risks Associated With Weight Loss and Obesity Treatment Programs

Frances M. Berg

¹ Hettinger; North Dakota

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ABSTRACT

Because treating obesity through weight loss has been a major public health priority, a large number of people are trying to lose weight at any given time. Many weight loss techniques widely available and widely used have adverse physical effects. This article reviews the research on risky weight loss methods, including prescription and over-the-counter diet pills, semistarvation and other food restriction diets, stomach reduction surgery, purging, laxatives, diuretics, vomiting, and fasting. These weight loss methods can lead to a range of serious health problems, including life-threatening conditions and death. Additionally, the author summarizes the research establishing that weight loss itself can cause physical changes that may be adverse to health or may escalate the risk of death.

Given these findings, the author suggests a new approach toward health, one that provides a sound framework for dealing realistically with eating and weight problems by recognizing the interrelatedness of the four major eating and weight problems: overweight, eating disorders, dysfunctional or disordered eating, and size prejudice. This approach recognizes that each of these problems is increasing in prevalence, has health risks, and needs to be dealt with in ways that do no harm. The new paradigm emphasizes, first of all, prevention of these problems, enhancing overall health and well-being, and second, research-based treatment that promotes healthy, normal eating, and does not disrupt normal, internally regulated eating patterns.

<http://www3.interscience.wiley.com/journal/119064737/abstract?CRETRY=1&SRETRY=0>

Self regulation can be hampered through under regulation and mis regulation.

Aimless ness: not setting goals, overly rigid goals and plans, unrealistic goals, foolish commitments, Failing to delay Gratification, Self Handicapping, Procrastinations are the factors for failure of self management.

The reasons for failure to control Emotions and Moods are, underregulation and the Myth of Venting, Mis regulation, Overgeneralization mismatching moods and strategies, Overgeneralization across Circumstances, Ignoring Long Term concerns, Individual Differences in Skills.

However the author cites, Under regulation and Misregulation causes eating toomuch

Losing Control: How and Why People Fail at Self-Regulation

Roy F. Baumeister, Todd F. Heatherton, Dianne M. Tice

Drug abuse, alcoholism, and bingeeatingall consist of an inabil- ity to stop oneself from indulging one's appetites to excess.(p-4)

Successful self-regulation may involve stopping oneself from drink- ing another beer, fromeatinganother helping, from thinking about what might have been, from yelling out one's anger, and the like. (P-7)

The authors use the term Selfregulation broadly to refer to any effort by a human being to alter its own responses. These responses may include actions, thoughts, feelings, desires and performances.

The authors believe that humans in the absence of regulation, respond in a certain way, which was adopted from their learning, habit, inclination or even innate tendencies. Self regulation prevents this normal or natural response from occurring and substitutes another response in its place.

Obsessed by their tormented memories of the event (Silver, Boon, & Stones, 1983), and people who attempt to control their eating while on a diet by trying not to think about food can become obsessed with food thoughts and even resort ...”(p-89)

“... 6 Failure to Control Emotions and Moods Consumptive Behaviors A very different class of affect regulation strategies involves consumptive behaviors: eating, drinking, taking drugs, and the like. Undoubtedly these behaviors have mood-altering effects, and sometimes they may even help people ...”(p116)

Like the data reported above for eating to control bad moods, drinking alcohol may work only if it is an infrequent strategy used in moderation.(p-117)

Eating Too Much (inertia) is more likely to occur when dieters perceive that they have broken their diets.(p-176) bulimia nervosa. It may be that those who normally try to restrict or restrain intake are most vulnerable to excessive eating once they have started. These individuals are chronic

dieters, who alternate between eating very little and eating a great deal. (p-175)

.. noted evidence, for example, that breaking a diet seems to be associated with a serious reduction in monitoring of one's eating behavior. Some factors seem to interfere directly with the capacity to monitor one- self. ..."(P-243)

More generally, an increase in monitoring is often an effective way to improve self-regulation, whether of eating or drinking or studying or exercising or performing a task. (242) matter is that a momentary loss of self-control is followed by a refusal to reinstate control. The person starts the eating or drinking binge but probably could stop after a few minutes. Yet the notion of stopping does not arise for (248)

Effect of an energy-reduced dietary regimen in relation to adipose tissue cellularity in obese women

P Bjorntorp, G Carlgren, B Isaksson, M Krotkiewski, B Larsson and L Sjostrom

Twenty-eight obese women were divided after arbitrary statistical guidelines obtained from control studies into hyperplastic (increase in fat cell number) (n equal to 10), hypertrophic obesity (increase in average fat cell size) (n equal to 11), and a remaining group (n equal to 7). All these subjects were treated on an outpatient basis with an energy-reduced diet (1, 100 kcal/day) until weight decrease failure occurred. The fat cells of the femoral and gluteal regions were larger than in the abdominal region in hypertrophic

obese subjects. This regional fat cell size profile was found also in middle-aged and young controls.

The hyperplastic obese subjects on the other hand had larger fat cells in the abdominal site. At failure of therapy enlarged fat cells in either of the two obesity groups had decreased to the size of fat cells of controls. Fat cell number remained unchanged. Thus the hypertrophic obese patients ended up with a normal body fat while hyperplastic obese subjects had a pronounced remaining obesity. The results suggest that when the fat cell size in different regions of an individual are known, as well as the total fat cell number, the success of an energy-reduced dietary regimen might be approximately predicted both in terms of remaining total body fat and in regional fat depot decrease.

Obesity Etiology

Weight loss and regain is likely to be influenced, at least in part, by factors that contribute to the development of obesity (Nir & Neumann, 1995).

Optimal treatment and prevention programs will be greatly enhanced by an increased understanding of the etiology of obesity.

While obesity ultimately results from a positive energy imbalance (i. e., greater caloric intake compared to caloric expenditure), biological, behavioral, and environmental factors are likely to contribute to how easy or difficult it is for individuals to create or maintain a negative energy balance.

Biological contributions to obesity include genetics, rates of fat oxidation, and resting metabolic rate (RMR). It is estimated that 30-70% of total body fatness and fat distribution can be attributed to genetics (Steinbeck, 2002). A low rate of fat oxidation (i. e., a high respiratory quotient) reflects a reduced inclination for the body to use fat as fuel and is associated with poor weight maintenance (Tataranni & Ravusisn, 2002). RMR, which accounts for 60-70% of total daily energy expenditure may be lower among obese people.

Behavioral factors, such as excessive caloric consumption, binge eating, and insufficient physical activity, have also been associated with obesity. Finally, environmental factors such as unlimited access to high-calorie foods, large portion sizes, increased eating outside of the home, and technological advances that make physical activity unnecessary (e. g., less labor intensive occupations, labor saving devices such as cars, elevators, remote controls, and leisure activities that involve sedentary behavior such as playing computer games and watching TV) have likely contributed to increased rates of obesity.

Health Survey of Singapore, 24. 4% of adults (Aged 18-69 only genes but also diet and life style habits that may years) were overweight and 6. 0% were obese. Obesity contribute to obesity. Separating these lifestyle factors ratio was slightly more in females (6. 7%) than males from genetic one is often difficult, still, growing evidence (5. 03%). Moreover obesity was more prevalent in Malays points to heredity as a strong determinant factor of (16. 2%), followed by Indians (12. 2%) and Chinese obesity (Stunkard, 1996). Obesity appears to be more (3. 8%). The highest proportion of obesity was

found in prevalent in some families and ethnic groups. 50-59 years age group.

In another study of 2636 adult Researchers vary in their opinion on the role genetics males and 2111 adult females from three ethnic groups plays in energy regulation. Recent studies of individuals (Malays, Indians and Chinese) in urban areas, 29% of with a wide range of BMIs, together with information males were overweight, out of which 5% were obese. In obtained on their parents, siblings and spouses, females, 26% were overweight including 8% who were suggest that about 25 to 40 percent of the individual obese. The study revealed that in urban setting, obesity differences in body mass or body fat may depend on was more prevalent in both males (29%) and females genetic factors (Vogler *et al.* , 1995; Tambs *et al.* , 1991; (26%) while in rural areas, obesity was less prevalent in Bouchard *et al.* , 1988). However, studies with identical both male (15%) and females (20%) (Cheah, 2001). twins reared apart suggest that the genetic contribution

According to National Nutrition Survey of Australia (1995) to BMI may be higher, i. e., about 70 percent (Stunkard *et* 29% of women and 45% of men (> 19 yrs) were *al.* , 1990). There are several other studies of overweight having 18% of both men and women monozygotic twins reared apart that yielded remarkably classified as obese. There is a steady increase in the consistent results (Allison *et al.* , 1996). Some of the proportion of men and women who are overweight or reasons behind the different results obtained from twin obese with increasing age. The age group most at risk versus family studies have been reported (Maes *et al.* , of overweight and obesity,

for both men and women, is 1997; Allison, 1995; Allison and Pi-Sunyer, 1995; Allison the 45-64 year old age bracket with 50% of men and *et al.*, 1996).

36% of women overweight and 25% of both men and The size and shape of the human body is greatly women classified as obese (Dietitian Association of influenced by heredity. Being fat is caused by a Australia, 2002).

combination of hereditary traits and the body's natural In Nigeria the prevalence of obesity in males and response to the environment. Many studies have shown females, 20-60 years was 41, 54, 78 and 59% in civil a consistent correlation between heredity and fat. Some servants, chiefs, business executives and market studies showed that where both parents were fat, 80% women (Okeke *et al.*, 1983). of their children, even if not raised by their genetic

In developing countries, there is a strong and consistent parents, were also fat. 40% were fat when one of the positive association of social class and obesity for men, parent was obese and only 9% were fat when both women and children. In heterogeneous and affluent parents were lean (Roberts *et al.*, 1988; Stunkard *et al.*, societies like the U. S., there is a strong inverse 1986). Another study found that twins, regardless of correlation of social class and obesity for females whether they were reared apart or in the same home (Sobal, 1991). environment, were about 70% likely to weigh the same

Etiology of obesity: Obesity is a chronic condition that genetic influences on RMR, feeding behaviour, changes develops as a result of a complex interaction between a in energy expenditures in response to overfeeding,

person's genes and the environment characterized by lipoprotein lipase activity and basal rate of lipolysis long-term energy imbalance due to excessive caloric (Rosenbaum and Leibel, 1988; Bouchard *et al.*, 1990; consumption, insufficient energy out put [sedentary Bogardus *et al.*, 1986; Brook 1977; American Heart lifestyle, low resting metabolic rate (RMR)] or both Association, 1998) A recent population based study (Lindpainter, 1995; National Research Council, 1989; suggested that 35% of the adjusted variation in BMI was NHLBI, 1998; Astrup and Lundsgaard, 1998). It develops accounted for by a single recessive locus while in a socio cultural environment characterized by polygenic loci accounted for 42% of variation. (American mechanization, sedentary lifestyle and ready access to Heart Association, 1996). abundant food. In women, the hereditary advantage is even more

Genetic influence on the development of obesity: fat than men and it is usually distributed on their bodies Although the development of obesity has genetic differently. Newborn girls in all ethnic groups weight less component, the mechanism is not known. Genetic at birth than newborn boys but have a higher percentage influences are difficult to elucidate and identification of of body fat (Beller, 1977). This trend continues as the the genes is not easily achieved in familial or pedigree child matures, with women having an average of two studies. Furthermore, whatever the influence the times the body fat of men (Bailey, 1982). genotype has on the etiology of obesity, it is generally Support for a role of specific genes in human obesity of attenuated or exacerbated by non-genetic factors. body fat content has been obtained

from various studies. It has been long known that the tendency to gain weight. From the research currently available, several genes run in families. However, family members share not seem to have the capacity to cause obesity or to (Stunkard *et al.*, 1990). Twin studies have demonstrated important. For instance, we know that women have more

Emotional Distress and Disinhibited Eating: The Role of Self

These results are discussed within the escape from self-awareness hypothesis of binge eating behavior

Weight loss and change in resting metabolic rate

S Heshka, MU Yang, J Wang, P Burt and FX Pi-Sunyer

Department of Medicine, St. Luke's-Roosevelt Hospital Center, Columbia University College of Physicians and Surgeons, New York, NY 10025.

The relation between change in resting metabolic rate (RMR) and change in fat-free mass (FFM) after weight loss is not well understood and is often inappropriately expressed in kilocalories per unit of FFM. We measured RMR and FFM in 35 obese patients enrolled in a conservative weight-loss program. RMR per kilogram FFM was not different after weight loss. However, the regression of delta RMR on delta FFM revealed that the decline in RMR tended to be greater than could be accounted for by loss of FFM. At initial test and retest, body fat (Fat) was not a predictor of RMR after FFM had been taken into account but delta Fat significantly contributed to the prediction of delta RMR when added to the equation after delta FFM. Thus, people losing

larger amounts of weight had declines in RMR greater than could be accounted for by loss of FFM. Self-reported age of onset of obesity was not related to delta RMR.

<http://www.ajcn.org/content/abstract/52/6/981>

1. The satiating power of protein—a key to obesity prevention? 1, 2

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The Body as a Selfing Device

The Case of Anorexia Nervosa

Cor Baerveldt

Paul Voestermans , <http://tap.sagepub.com/cgi/content/abstract/6/4/693>

Social Psychological Foundations of Health and Illness

By Jerry M. Suls, Kenneth A.

Todd F. Heatherton, Meg Striepe, Lauren Wittenberg,

Emotional Distress and Disinhibited Eating: The Role of Self,

<http://psp.sagepub.com/cgi/content/abstract/24/3/301>

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Roy F. Baumeister

Department of Psychology

Case Western Reserve University

Todd F. Heatherton

Department of Psychology

Dartmouth College

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Lf0KTRFBQjsL5pS14BtZqz8sfYH9KzcLMGK7BGH2Gn6Jx7tVpMTY!-
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