

Psychological factors of obesity



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Obesity is the most prevalent, preventable health problem in the United States and the world. Obesity has been called the main public problem in the United States and it has been with us for centuries. The effects of obesity are complex and farther reaching than many people are aware of. The effects of obesity are not only limited to the appearance but also, the mind of the person. There are many factors that lead to obesity however, in this paper; we will look at the psychological factors that cause obesity and the psychological consequences caused by obesity.

Psychological factors that cause obesity

One school of thought holds that obesity arises from certain kinds of life style and from the chronic use of food for non-nutritive purposes. Many individuals may respond to arousal states such as boredom, anxiety, or anger by eating. However, this entire food intake is not only attributable to emotional arousal but much overeating may simply result from the repeated exposure of individuals to highly palatable and easily accessible food in surrounding environment. A normal response to emotional arousal states such as anger, fear or anxiety is loss of appetite. However, for some individual's emotional arousal and stress lead to an excessive intake of food. According to the psychosomatic theory this so called " emotional eating" is found in individuals who eat in response to emotional states rather than in response to internal cues of hunger or satiety. Individuals experiencing emotional stress are likely to turn to food in an attempt to recapture the security and comfort. Many emotional eaters learned to use overeating as a way of coping with their psychological problems (Van Strien, 1986).

Many times unhappiness and arousal of the person could lead to overeating. Research has shown that persistent overeating is due to the unresolved emotional problems and it serves as a substitute for other satisfactions. A person may become a victim of social and unconscious forces which compel him/her to persist in a repetitive self-destructive pattern of overeating. Individuals use overeating as an attempt to achieve gratification and defense themselves against anxiety, resulting from emotional conflicts. Clinical case studies reported that psychological and social difficulties such as social anxiety, low self worth, mistrust, behavioral immaturity and hypochondria lead to obesity. Increased anxiety and arousal which comes from stress may increase individual consumption by making him more responsive to salient environmental stimuli (Wolman, 1982).

Psychodynamic theory differentiates between “developmental” and “reactive” types of obesity. “Developmental” obesity is caused by a primary feeling of rejection on the part of the mother towards her child and may start as early as infancy. According to Bruch (1961) the child that is being neglected is stuffed with food by his mother, which leads to confusion of the child’s biological cues. When the child grows older, he will be unable to recognize whether he is hungry or satiated and may overeat in response to any arousal state. As a result, when he reaches an adult stage he may suffer from a deficit in hunger awareness. “Reactive obesity” occurs primarily in adults in response to traumatic environmental circumstances. It is seen in following occurring situations such as a severe mental shock, the death of beloved, separation from the home, or other events involving fear of desertion and loneliness (Van Strein, 1986).

Individuals show noticeably different eating responses to controllable or uncontrollable anxiety states. Research has shown that uncontrollable anxiety increases eating in individuals, while controllable anxiety does not. One of the experiments was conducted to measure the effect on mood and eating from life's stress. Forty overweight and normal weight female college undergraduates were tested during and final examinations. Each student was scheduled for two sessions immediately after lunch. Session 1 was scheduled during the final examination no more than five hours before the exam. Session 2 was scheduled three weeks after the student's last examination. Students completed questionnaires with scales that focused on the student's current feeling state and the presence of anxiety, sense of control and low self-esteem. Also, the index of eating and weight history questionnaire was obtained from each participant. It has been expected that during final examinations, students would feel significantly more anxious and less in control of their feelings than they would feel after examinations. As predicted, obese students ate significantly more during examinations than after, while normal's showed only a non significant decrease in eating during examinations. Also, results showed that only during examinations while being under high stress did obese eat more than their normal weight peers (Slochower, 1983).

In addition, there are other factors that play a very important part in the eating behavior, such as cognition and thoughts. Our environment is rich in stimuli signaling palatable foods and many people are very sensitive to such stimuli. Temptations such as delicious looking food and appetizing smell will have a psychological impact on thoughts about the pleasures and

enjoyments of eating. Such an exposure to palatable food sooner or later will gain dominance over the goal of weight control and increase the cognitive accessibility of the goal of eating enjoyment. Only individuals with effective self-regulation and commitment are able to manage to restrain from eating prohibited food and persevere their goal. Even though the eating enjoyment goal is more desirable than the goal of dieting some people are able to focus on some involving task in their work environment, and prevent thinking about eating enjoyment (Stroebe, 2008).

According to the goal conflict theory of eating, eating enjoyment and weight control are both highly desirable states. One way to assess this goal conflict is to measure ambivalence. Ambivalence is a psychological state in which a person holds both positive and negative feelings toward some psychological object, food for instance. One method to measure ambivalence is by asking participants to rate the degree to which they experience ambivalence in their attitude toward a given attitude object ex. eating a donut. Stroebe and colleagues (2008) assessed ambivalence toward eating with a self-constructed scale consisting of 12 items. For example, “ I would enjoy tasty food more, if it would not contain any calories” etc. Participants had to indicate the extent to which each of these items applied to them. Participants were given two differential rating scales. On one scale, they had to evaluate the positive aspects of palatable food, while disregarding all the negative aspects. On the other scale they had to consider only negative aspects of palatable food, while disregarding all positive aspects. The results showed that the experience of ambivalence is a reflection of the conflict between the goals of eating control and eating enjoyment. Also, ambivalence

is much more closely related to the measure of concern for dieting than is the measure of weight fluctuation. These results are plausible because concern for dieting is one of the two goals involved in the goal conflict according to our goal conflict theory. (Stroebe, 2008)

The problem that many obese people suffer from is the external locus of control. These individuals believe that events in their lives are controlled by factors over which they have no control. For example, a person eats a pizza and ice cream and after this person finishes eating he interprets his own behavior as bad due to the past experiences and social pressure. After a self-flagellation with thoughts like “ I’m such a lousy person, I didn’t mean to eat that food” an individual starts to believe that this behavior was out of the realm of his control. Individual punishes himself and experience self pity with thoughts like “ I can’t help it... or it’s not my fault” which start to dominate his life. Now this individual operates in external locus of control and no longer believes in self control. Which often leads back to eating and believing that overeating stems from the external locus and he cannot help it. Now this individual will tend to overeat because of his belief that he doesn’t have any impact on it. Frequently this emotional suffering and self defeating attitudes come from this irrational belief and lead to overeating. Soon they generally take the form of self talk with words such as “ I must eat it...” which leads that individual becomes preoccupied with (Storlie & Jordan 1987).

Some research has pointed to the connection between low socioeconomic status and obesity. Poverty, low income, single parent household, bad neighborhoods all affect family environment. Many of these factors lead to

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stressful life situations. When parents are separated or divorced, children may live in two households which can put a lot of stress in their lives. Due to the conflict in the family children may not be foster with the good eating habits. Therefore, not only the stressful events in family dynamics that leads to psychological problems of children but also inappropriate education leads to child's obesity. Children craving for love and affection is frequently a reason to eat inappropriately, either overeat or when not hungry. Child psychological and emotional problems based on socioeconomic and family issues lead to feeling of inadequacy and often are responsible for the obese state. The lower the socioeconomic status of an individual, the greater is the likelihood of overweight. The hypothesis that a low socioeconomic status gives rise to feelings of frustration and depression and, consequently to obesity has been supported by several research (Wolman, 1982).

Childbearing has also been identified as one of the factors predisposing to obesity due to heightened vulnerability for excess weight gain. For many women who just had a baby, returning to pre-pregnancy weight is a challenge and weight gained during pregnancy may be for many of them difficult to handle emotionally. Although, many moms are eager to lose weight it may take a long time and many of them may lose patience and be unable to go back to their pre-pregnancy weight. Losing weight after pregnancy is not easy and it will take time and lots of effort to get rid of gained weight. According to Lu et al. (2001) the average maternal weight of women in the initial prenatal care visit increased by 20%, and the percentage of women classified as obese increased from 7.3% to 24.4% over a period of 20 years.

Furthermore, research shows that women who gain excessive weight during pregnancy may be at a higher likelihood to retain the weight after giving birth. Women who were overweight before their pregnancy are more likely to experience excessive weight gain during pregnancy and postpartum. Therefore, they are also the more likely to experience pregnancy and delivery complications. Many women experience stress due to the changes in the body shape, weight and size that take place during the pregnancy and in the postpartum period. For some women, the stress may be more profound if the weight gained during pregnancy is excessive. The problem many of the women face is the stress of having to lose so much weight as quickly as possible. This is possible only when women are committed, ambitious about losing weight and setting their goals of weight lost high. However, losing weight requires time that many mothers don't have. The new lifestyle around a baby takes a big toll on their free time (i. e. time to exercise) and many of them are unable to go back to the body size they would like to be (Sundaram, 2009).

Moreover, much research has been conducted to investigate the changes in mothers' body dissatisfaction from delivery to 9 months postpartum, and the relationship of postpartum body dissatisfaction to weight and other health characteristics. One of the longitudinal studies, asked 506 mothers to complete surveys at 0-1 and 9 months postpartum. Postpartum changes in body dissatisfaction and weight were evaluated by paired t-tests. The results from the study showed that mothers' body dissatisfaction increased significantly from 0-1 to 9 months postpartum. Although women lost an average of 10. 1 pounds between 0-1 and 9 months postpartum, their weight

at 9 months postpartum remained an average of 5.4 pounds above their pre-pregnancy weights. Body dissatisfaction at 9 months postpartum was associated with overeating/appetite abnormalities, higher current weight, worse mental health, bottle-feeding (vs. breastfeeding), being single and fewer immediate family relationships. Thanks to those studies and many others we can see how important it is to educate women about expected postpartum weight and body changes, and to find ways to improve mothers' postpartum self-esteem and body satisfaction (Gjerdingen, Fontaine, Crow, McGovern, Center, 2009).

Psychological consequences caused by obesity

In the United States there is a strong prejudice against obesity and there are many psychological problems that accompany individuals suffering from obesity. Research has shown that not only emotional disturbance causes obesity but as well emotional disturbances are the consequences of obesity. The most common psychiatric disturbances of obese people are low self image and negative emotional reaction to dieting (Frankle & Yang, 1988). Many people hold negative attitudes towards overweight individuals. Examples include discrimination and prejudice with respect to arenas such as health care and employment. Overweight individuals especially women have to suffer differential treatment due to physical appearance. Stereotypes affiliated with being overweight and obese include being self-indulgent, less self-disciplined, less attractive, less happy, and lazier.

There are many chronic stressors that American women experience on a daily basis such as beauty, attractiveness, and slender figure. Nowadays,

women tend to experience greater pressures to conform to being thin as there are more positive attitudes towards thinness. Our society focus on body image can take a toll on a woman's emotional and physical health to an extent where thinness may take primacy over health (Paquette & Raine, 2004). For example, this focus can cause many women to undertake dangerous weight loss behaviors, experience poor body image and low self-esteem issues, and general unhappiness with oneself that could lead to depression (Battle & Brownell, 1996). The stigma associated with obesity significantly contributes to generating hateful self-conceptions among those who are fat and others who try to avoid fatness. Many researchers conclude that obese people are stigmatized because they are held responsible for their fatness, their deviant status, lack of control and will power. Fat people lack social acceptance and are evaluated based on fatness rather than his/her unique personality (Sundaram, 2009).

The price paid by women for being obese is more than psychological and emotional. Their status and roles in society are affected. Goldblatt, Moore and Stunkard (1965) study has shown that compared to non-obese women, overweight women were much less likely to achieve a higher socioeconomic status and much more likely to achieve a lower status. Overweight women are assumed to have personal problems that lead to obesity. They are stereotypically viewed as unfeminine and judged based on their physical appearance. Many people believe that being fat is considered a rebellion against being feminine. Overweight women suffer more from the social and psychological stigma attached to obesity, rather than they do from the actual physical condition. Many women in our society are negatively defined

by weight and excluded from full participation in the ranks of the normal (Wolman, 1982).

Many fat women prefer to eat in private because they are ashamed and discomforted at how others see them. Such a negative feelings have a big toll on every woman's life and eventually will lead to serious psychological issues. Women who feel worthless; have low self-esteem, physical discomfort and self-denial because of their weight may as a result, use their weight as a buffer against outside demands (Millman, 1980).

There is increasing evidence that obesity and depression are related. Research shows that individuals who are overweight or obese are more likely to feel depressed at least one week during the month. Roberts, Deleber, Strawbridge, & Kaplan (2003) found that obesity was associated with depression and that obesity predicts depression subsequently. Since many obese individuals are forced to suffer from discrimination and the stigmas associated with obesity, this can certainly contribute to psychosocial distress, especially depression. Studies confirmed that the increased in BMI is associated with a higher risk for depression, thoughts of suicide, and suicide attempts. Interpersonal mistreatment and verbal assaults have been found to harm one's body image, which in turn compromises one's self-esteem and psychological well-being. Heo, Pietrobelli, Fontaine, Sirey, & Faith (2006) research found that among young women, those overweight and obese were significantly more likely to have experienced depressive moods compared to young women who were not overweight or obese. Being overweight or obese especially among women was associated with more depressive symptoms; lower well-being, body dissatisfaction and anxiety,

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whereas in men, the associations were weak and inconsistent. Obese women have a higher likelihood to experience mental distress and depression associated with weight (Sundaram, 2009).

In conclusion, not only emotional disturbance causes obesity but also, emotional disturbances are the consequences of obesity. As stated throughout the paper, psychological factors in obesity can have a big impact on the prevalence of obesity in our society. Turning to food to face emotional stress can lead to obesity. Certain life events tend to raise the level of stress in human beings and we develop a habit of getting ourselves off the stressful situation in the way we know best; “ eating food”. Many people eat in response to negative feelings even though it doesn’t mean that everyone who experiences any of these negative emotions would be obese. But, it has been well demonstrated that many people may become obese and overweight. Also, an obese person may experience serious psychological effects from obesity. It’s not uncommon for obese people to feel insecure and inferior to others as well as have low self-esteem and suffer from depression due to his or her condition.