

# [The psychological effects of childhood obesity](https://assignbuster.com/the-psychological-effects-of-childhood-obesity/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Obesity](https://assignbuster.com/essay-subjects/health-n-medicine/obesity/)

The Psychological Effects of Childhood Obesity Leah McGrath ENG122: English Composition II Prof. Jonathan Berohn September 2, 2012 In recent years there have been more and more studies looking into the rise in childhood obesity. According to data released by the Centers for Disease Controle and Prevention in 2006 “ Globally, 22 million children under the age of 5 years are overweight. " (Cornette, 2008) There are many ways to determine obesity in a child however for the purposes of this paper it will refer to children between the ages of three to eighteen whose Body Mass Index, BMI exceeds the hundredth percentile for their age group. There is no specific reason that describes either why a child would fall into this group or why this number is on the rise. The physical disadvantages of obesity have been well documented. While the psychological effects often seem to be bypassed in most studies. Childhood obesity has many effects of the psyche of a child and those effects can and frequently will carry on into adulthood. There are traditionally three schools of thought about what causes childhood obesity. The first is excessive eating. There are approximately three thousand five hundred calories in a pound so if a child takes in an extra fifty to one hundred calories every day it could lead to a yearly weight gain of five to ten pounds. This does not seem significant until accumulation is allowed for, an addition of fifty pounds to a child’s weight between the ages of thirteen and eighteen is substantial. The second is a lack of exercise. In order to maintain a healthy weight a body must burn as many calories as it takes in. Society has become increasingly dependent on technology and thus has place higher value on computer skills then athletic or manual labor skills. Many school systems in the United States have cut funding for physical education programs in favor of promoting technology-based learning. For some children this is the only exercise they will get all day, for when they arrive home they almost immediately watch television or play video games. As a side effect, this also promotes lethargy in children making it more difficult for them to burn the necessary calories to maintain a healthy weight. The third, and sometimes most popular, reason people chose to explain childhood obesity tends to be the least likely reason for it, genetics. It is in fact very rare that a child is overweight due to illness or genetic disorder. Parentage does have a large influence on obesity, but it is less to do with genetics and more to do with health and fitness habits. If a child comes from a family that is overweight, they are more likely to be overweight as well because they will mimic their parent’s behavior in both diet and exercise. If the parent sets an example of daily exercise and a balanced diet the child will be far less likely to become overweight. However, there are some genetic disorders that will make it far more difficult for a child to burn calories such as hypothyroidism, a disorder that causes the body’s metabolism to slow and store fats and calories much easier than an individual that is unaffected with the disorder. When a child is obese, they are much more likely to suffer from disorders such as hyperglycemia, or diabetes, heart disease, and an increased risk of certain types of cancer like colon cancer. Diabetes is a disorder is which the pancreas cannot produce a sufficient supply of insulin, the chemical responsible in the digestion of sugars. This disorder if not closely watched can cause blindness, liver failure and limb amputation due to increased likelihood of festering wounds on the feet and hands. There have been only a few studies that have delved deeply into the connection between level of happiness and weight in a child. Those studies have found a definite link between obesity and some mental and emotional disorders. “ The finding that obese individuals experience greater interpersonal sensitivity was not surprising. Body image disturbance, self-esteem concerns, lack of confidence in social situations, and the perpetual social stigma of obesity all contribute to a heightened sensitivity related to conflicted needs for social acceptance, inclusion, and self-validation. In addition, the depressive tendency to withdraw and isolate oneself from interpersonal environments may explain the high scores on the Psychoticism subscale. Obese individuals may be more prone to develop various psychotic symptoms and personal adjustment problems than individuals who are not obese. " (Mills, 1995) Depression seems to be particularly prevalent in children with above average (body mass index value). Depression comes in many forms and effects every individual differently: some of the more common symptoms are irritability, lethargy, thoughts of self-harm, and aggression. Poor self-esteem is another symptom brought on by obesity. A lack of self-esteem may cause poor performance in areas a child would otherwise succeed. Though poor physical performance is associated with obese children due to physical restriction or health, one of the other primary reasons is a lack of confidence in the child’s ability to perform the activity. Poor body image is present in a large amount of children and adolescents who struggle with weight control. This can lead to unhealthy habits or practices that can farther debilitate an individual both psychologically and physically. Eating disorders such as anorexia, a disorder where in a person excessively exorcises and eats very little obsessing over what little they do eat, or bulimia a condition similar to anorexia where the individual will binge eat and then try to compensate by either excessively exorcising or forcing themselves to purge or vomit, can be a result of poor body image. There is also a disorder known as body dysmorphic body disorder that can result from continued poor body image. BDD is a condition where the person affected obsesses over a particular perceived flaw to an extreme that can cause psychological stress that can interrupt their lives. Some of the psychological problems that are associated with childhood obesity can be attributed to teasing or bullying from family and peers. There is a stigma in American society associated with obesity. Due to this stigma many overweight children are bullied by other children and at times adults. A study done to ascertain the extent of size discrimination amongst children found the following. “ It is essential to address any existing psychiatric problems, including depression, poor self-esteem, negative self-image and withdrawal from peers. From an early age, society stigmatizes obese people as lazy, stupid, slow and self-indulgent. Studies have shown that children express negative attitudes toward their obese peers as early as kindergarten, and that they prefer a playmate who is bound to a wheelchair or disabled by a major physical handicap to one who is obese. There is a clear association between obesity and low self-esteem, especially in adolescents. During the office visit, it is imperative that physicians be sensitive to and accepting of these patients, focusing on positive aspects and ensuring that treatment plans will not further damage an already fragile sense of self-esteem. " (Moran, 1999) This can contribute to some psychological disorders that affect the child social behavior. J. Pediatr preformed a clinical and nonclinical study and found these results: “[the results of the study] showed that discrimination may account for important social consequences of obesity in childhood, adolescence, and later adulthood" (Pediatr, 1997). This greatly supports the theory of peer importance on immediate and long term social competency. Humans are social animals so when a person suffers from social anxiety or social isolation it can negatively affect their ability to perform or function in their everyday lives. Social isolation may affect a child’s performance in school and thus limit their career options and earning potential later in life. Socialization has been shown to be an effective mental exorcise. Proper socialization can improve memory so the opposite can be deduces that social isolation can cause stunted memory and intellectual performance. Social anxiety can cause many other problems that can disrupt a person’s life. It can cause severe fear of any social situations including simply being in the presence of unfamiliar people. These individuals are hyper sensitive to criticism and have a crippling fear that others are judging them. This could impact school in children and later work life as adults. Social anxiety can manifest as panic attacks that cause the person’s blood pressure to rise, difficulty breathing and heart palpitations. In severe cases panic attacks can lead to heart attack or stroke. Obese children are more than three times as likely to become obese adults so issues that develop early should be addressed early in order to prevent their persistence into adulthood. “ After an obese child reaches six years of age, the probability that obesity will persist exceeds 50 percent, and 70 to 80 percent of obese adolescents will remain so as adults. The presence of obesity in at least one parent increases the risk of persistence in children at every age. "(Moran, 1999) Low self-esteem and social anxiety can retard growth in areas like career and personal relationships. There are some studies that show that women in particular that are overweight suffer from more relationship problems and from poor career performance. In men, persistent obesity can affect educational achievement negatively (Viner & Cole, 2005). Obesity has a drastic effect on a person’s health when it is sustained from childhood into adulthood. Chronic breathing disorders including sleep apnea and cardio obstructive pulmonary disease can cause increased risk of suffocation in obese individuals. Diabetes, when not cared for properly, can lead to kidney failure and the use of dialysis machines until a transplant is available, morbid obesity however will disqualify a patient for a transplant. The importance of prevention and recovery of childhood obesity has been made clear. There are several ways to help not only those already suffering from obesity. The first is a drastic change in both diet and exercise. Even a gradual reduction in calorie intake and the beginning of a regular exercise routine can help over time. Eating a balanced diet low in sugars, fats and calories can help maintain health and boost a person’s metabolism. A reduction of three thousand five hundred calories in any given amount of time will reduce weight by one pound. Equally increasing exercise can help burn calories, the average run burns around five hundred calories so if a person runs an hour a day and cuts five hundred calories a day that person can lose two pounds a week. It is also necessary to have both psychiatric and familial support while perusing recovery. A study was conducted to find out if family and clinical support had any effect on a child’s BMI and behavior “ Families whose children succeeded in BMI reduction appeared more resourceful and tended to embrace ideas for making lifestyle changes. Unsuccessful families, however, found it harder to alter their lifestyle and often met barriers to change" (Owen, Sharp, Shield, & Turner, 2009). Counseling may help the individual by giving them coping skills to deal with poor self-esteem and social anxiety. It can also help work through any emotional reasons the person has gained weight such as stress. Equally, it is important that the family support their child or adolescence weight loss goals, even if they themselves do not suffer from obesity. Support by encouragement by joining in with diet and exercise can be indispensable. Also family and councilors should never discourage a child by calling them out on a missed exercise session or slip up on their diet. Instead they should tell the child that there will be more opportunities and offer encouragement to do better tomorrow. Because of both the physical and psychological damage obesity can cause, adults should always be alert and aware of the symptoms in children. Obesity affects a child well into adulthood preventing fulfilling relationships and careers. Obesity can also become a fatal condition by increasing the risk of psychological morbidity and physical deterioration. Some of the trauma that obesity causes is from outside sources like bullying and thus the child will need counseling to learn coping techniques. Counseling can also effective in ascertaining the reason for obesity and learning socialization and esteem building exorcises. This condition can be prevented if steps to maintain a healthy diet and exorcise are taken. References Cornette, R. (2008). The emotional impact of obesity on children. Worldviews On Evidence- Based Nursing, 5(3), 136-141. Mills, J. K. (1995). A note on interpersonal sensitivity and psychotic symptomatology in obese adult outpatients with a history of childhood obesity. The Journal of Psychology, 129(3), 345-345. Retrieved from http://search. proquest. com/docview/213818628? accountid= 32521 Moran, R (1999) Evaluation and Treatment of Childhood Obesity. American Academy of Family Physician Vol 15; 59 (No. 4) pp 861 — 868 retrieved from http://www. aafp. org/afp/1999/0215/p861. html Owen, S. E., Sharp, D. J., Shield, J. P., & Turner, K. M. (2009). Childrens' and parents' views and experiences of attending a childhood obesity clinic: A qualitative study. Primary Health Care, 10(3), 236-244. doi: 10. 1017/S1463423609990065 Pediatr, J., Psychol. (1997). Psychological Aspects of Childhood Obesity: A Controlled Study in a Clinical and Nonclinical Sample. Journal of Pediatric Psychology, Vol. 22, (No. 1), pp 59-71 retrieved from http://jpepsy. oxfordjournals. org/content/22/1/59. full. pdf+html Viner, R. M., Cole, T. J. (2005). Adult socioeconomic, educational, social, and psychological outcomes of childhood obesity: a national birth cohort stud. British Medical Journal, Vol. 330 (No. 7504), pp. 1354-1357 recovered from http://www. bmj. com/content/330/7504/1354. full