

Effectiveness of interventions for emotional eating



Peer review: Does educating pupils on emotional eating have a positive effect on their emotional eating behaviours?

Summary of aims, rationale and hypotheses

The applicant proposes an intervention for controlling emotional eating because emotional eating often has been linked to obesity, which is a major concern in the UK. This proposal focuses on prevention by giving people information about the topic via seminars before the emotional eating started. The applicant extended previous research about the assumption that stress can cause emotional eating and that eating disorders, such as obesity, binge eating and anorexia nervosa, are linked to emotional eating. A lot of emotions, such as arousal, fear, boredom and a negative mood can lead to food intake. The applicant focused on research about interventions on alcohol use and abuse and the success of these interventions because the participants behaviours and attitudes were changed. Three key parts were mentioned: drinking alcohol won't turn everybody in an alcoholic, the act of drinking is normal, but abusive drinking isn't and education starts early. This proposal hypothesized that pupils who receive emotional eating seminars, compared to pupils who receive litter picking seminars, will alter their behaviours and their emotional eating scores will reduce by educating them about emotional eating and thereby reduce obesity levels, trying to receive long-term outcomes.

Summary of methods and expected results

The applicant found 140 pupils from year 9, between the age of 13 and 14. These pupils were split up in two groups. The experimental group received the emotional eating seminars, while the control group received seminars

about litter picking. Afterwards, the applicant used the Dutch Eating Behaviour Questionnaire, particularly the part about emotional eating and participants had to add their height and weight. Participants asked to fill in the questionnaire twice, once in the beginning and once at the end of term. Both groups were asked to fill in another short questionnaire at the end of each seminar to measure the impact of the seminar on their behaviour. The proposal expected to see a change in the behaviour of the pupils in terms of emotional eating and that pupils have a better chance of noticing these eating behaviours.

Summary of limitation and challenges

The applicant mentioned that previous research found little gender differences and therefore this proposal does not account for gender differences. Secondly, because increased stress causes an increased food consumption, the applicant found an additional test. Pupils were shown a stress inducing video while having snacks in front of them. The bowl was weighed before and after they had watched the video. Third, litter picking was chosen as the control variable because the applicant assumed that it had nothing to do with emotional eating.

Constructive suggestions on how to improve the proposal (385)

This proposal is very useful because it highlights a major problem in our society, obesity. Obesity is a worldwide problem with a lot of health problems, such as cardiovascular diseases, diabetes and cancer (Wang et al, 2011). Therefore, research is necessary to find preventions and interventions for this problem because researcher expect 11 million obese adults more in the UK by 2030 (ibid). Another good part about this proposal is that the

questionnaires are quantitative, which means that it based on a measurement, for example a five-point scale, and that this study consists of numbers, which makes this proposal more valid. The extra stress test is very good to control the reliability of the questionnaire scores and therefore to measure a third variable, which might make the proposal again more valid. However, this proposal has it flaws. First, this proposal is not neuro-cognitive. Nothing in this study measures something neurological. The applicant could have measured brain activity in participants while they were eating before and after the seminars, in both, the control and the experimental group, to see if something changed neurologically while they were eating after the seminars compared to before the seminars, for example, the experimental group might think more about what they eat and how much instead of just eating without thinking at all. Secondly, only two seminars might not be enough. Most studies who use prevention methods, such as seminars, were longitudinally (Hivert et al., 2007; Keller, 1978; Schnell & Doetkott, 2003). It might be better if the applicant would have done this study for two years or so, which would mean that every group would have for example 12 seminars each year for two years long. A longitudinal study gives more long-term outcomes instead of only short-term outcomes (Schnell & Doetkott, 2003). The applicant is doing this study in only one school. It might be better to take participants out of different schools because it is possible that one school pays more attention to what their students eat or pay more attention to prevent unhealthy children than another school, which could affect the study. Therefore, more schools should be participating this study to make it more valid.

Is the proposal feasible? Are the requested resources well justified?

This proposal seems very feasible. The requested resources are well justified and the study shouldn't be too difficult to conduct.

How novel is the proposal?

This proposal is not a really new study, but not adopted either. Daubenmier et al. (2011) suggested a mindfulness intervention, based on therapy, instead of seminars. Although the intention of both is the same, the study differs in certain respects. Hivert et al. (2007) did a study that is very alike to this proposal, only they did the study on participants, who were already obese.

What is the intentional impact of this proposal?

Given that this study might already have been done and the few limitations, this study is not unnecessary. The impact in this proposal is to prevent eating disorders. Good in this study is that, if it works, it prevents eating disorders before they even come up compared to other studies, who only start these interventions when it is already too late.

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