



Negative emotion and disordered eating among obese college students

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Abstract

The present study examined the relationship between negative emotions, body dissatisfaction, exercise, and disordered eating attitudes and behaviors among obese college students. It also examined whether there were gender differences in these variables. A total of 88 males and 102 females, who reported a BMI score above 30, completed a survey. Females reported higher levels of disordered eating, body dissatisfaction, and more frequent dieting than males and as predicted, males reported higher levels of exercise behaviors. Body dissatisfaction, anger discomfort, and self dissatisfaction all correlated with drive for thinness for both genders. Anger discomfort was the only variable to predict disordered eating for both genders. The results support numerous studies that have found that females are at greater risk of disordered eating than males, and also suggest that anger management may be an important component in treatment of disordered eating among obese young adults.

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Obesity has been linked to a number of health risks and rates have increased during the past decade (Devlin, Yanovski, & Wilson, 2000). While most obese people are psychologically well adjusted, binge

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eating disorder (BED) has been diagnosed in between 20%–30% of obese adults seeking treatment (Devlin, Walsh, Spitzer, & Hasin, 1992). Obese individuals diagnosed with BED also are more likely to suffer from other psychological problems including depression (Fassino, Leombruni, Piero, Abbate-Dage, & Rovera, 2003). Disordered eating behaviors commonly begin during childhood or early adolescence and are often associated with body dissatisfaction (Isnard et al., 2003). In a study among obese children and adolescents in treatment, Decaluwe, Braet, and Fairburn (2002) found that more than one third reported binge eating behavior, which was related to body shape concerns. Body dissatisfaction was also associated with disordered eating among obese women (Wardle, Waller, & Rapoort, 2001). Ackard, Neumark-Sztainer, Story, and Perry (2003) found that adolescents who overate were more likely to be dissatisfied with their bodies, employ dieting strategies, and be obese than non-bingers. Frequent dieting was related to overeating among both males and females. Children with high BMI levels were more likely to be dissatisfied with their bodies and report weight loss behaviors than normal weight children (McCabe & Ricciardelli, 2003). These findings suggest that body dissatisfaction, dieting, and binge eating are possible risk factors in obesity among a variety of age groups.

Numerous studies have found that men are more satisfied with their bodies than women (Demarest & Allen, 2000; Sondhaus, Kurtz, & Strube, 2001). This has also been supported among overweight people, as Cachelin, Striegel-Moore and Elder (1998) found that female dieters were more dissatisfied with their body than male dieters. Gender differences have also been found concerning body perception and risk of eating disorders. Lofton and Bungum (2001) found that female college students often falsely perceived themselves as overweight, while many male students falsely perceived themselves as underweight. Perception of being overweight was associated with disordered eating among females, however, excessive exercise was associated with the perception of being underweight among males (Tata, Fox, & Cooper, 2001). Thus, body dissatisfaction has been linked to excessive exercise among males and dieting among females, which supports previous studies that have found that women are at a higher risk for eating disorders than men (Lewinsohn, Seeley, Moerk, & Striegel-Moore, 2002; Tata, Fox, & Cooper, 2001).

Emotion has been found to be associated with disordered eating among obese individuals, especially those diagnosed with Binge Eating Disorder (BED; Pinaquy, Chabrol, Simon, Louvet, & Barbe, 2003). One study among obese women reported that meals eaten during emotional states were larger than meals during neutral states (Patel & Schlundt, 2001). Longitudinal data also support the relationship between emotion and weight, as hostility during young adulthood was associated with obesity in middle age (Siegel et al., 2003). The impact of gender on emotional eating has produced conflicting results. In a study examining gender differences in disordered eating, women were more likely to report eating in response to emotions such as anger or anxiety than males (Tanofsky, Wilfley, Spurrell, Welch, & Brownell, 1997). However, another study found that although anger and depression were associated with binge eating among obese males, women were more likely to report binging in response to dieting failures (Costanzo, Musante, Friedman, Kern, & Tomlinson, 1999).

Several theories have been suggested to explain the link between negative emotions and disordered eating. For example Mueller, Grunbaum, and Labarthe (2001) suggest a “biosocial” model to explain the relationship between negative emotions and body fat. The authors found that hostile individuals reported high levels of caloric consumption and interpersonal conflict, and low levels of exercise and social support, and suggest that these individuals may find more comfort in food than in other social or physical activities. According to feminist theory, disordered eating may be due to the feminine

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