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Overweight as a Factor of Happiness

Introduction

Worldwide, more than 1 billion adults are overweight, and at least 300 million of these adults are clinically obese (WHO 2003). A recent survey of children ages 6 through 9 years found that 31.5% of them are at risk of becoming overweight or were already overweight (Hedley 2004). With overweight becoming such an epidemic, what is known about the impact this has on people's ability to find happiness. Are overweight people less likely to be happy? How do their experiences differ from those of normal weight individuals?

Psychological Consequences of Obesity

Studies of obese individuals have found a higher prevalence of psychiatric comorbidities including eating disorders (especially binge eating disorder), depression, anxiety and personality disorders (Greenberg 2005). Other studies showed that the body mass index (BMI) was correlated with body dissatisfaction, body distortion and self-consciousness. BMI has also been associated with depression in young women (Cosmetic).

Looking at these data, it is difficult to know whether weight might not be responsible for the psychological consequences. Even at an early age, obese children are described by other children as lazy, less intelligent, dirty, and immature. (Cosmetic). Other children undoubtedly pick up on the fact that being overweight is bad and may start to have weight concerns that could lead to psychological problems. A study looking at third grade children in northern California found a modest association between depressive symptoms and BMI in girls but not in the male children. Some of the questions on the survey assessed overweight concerns. After controlling for the level of overweight concerns, BMI was no longer significantly associated with depressive symptoms. The opposite was not true, however, as after controlling for BMI, overweight concerns remained associated with depressive symptoms. (Erickson 2001)

It is hard to deny the impact that our culture has on the way we feel about our appearance and weight, in particular. It has been said that in American culture, the self is defined by the way one looks. This may be particularly true for women. This may cause women to focus on changing their bodies so that they reflect positive qualities that are associated with being well liked (Gregg 2000). In America, the firm, developed body show that one not only cares about the way they look but also that they have willpower and the ability to control their impulses and shape their own life (Bordo 1993). "The self constructs a particular image by choosing from a field of bodily symbols that may equate obesity with indulgence, laziness, or sheer ineptitude in managing self-preservation; thinness with embodied restraint; and toned musculature with disciplined work on the body. In short, bodies exist not only to live with and think with but also to struggle against in forging a personal identity (Becker 1995).

Anne Becker studied fiji women and noticed sharp rise in eating disorders with t.v. 5x as many teen girls reported vomiting to control weight after 3 years of western programming. (15% of 17yo girls in 1998, compared to 3% in 1995. Those who watched t.v. at least 3 nights per week were 50% more likely to see themselves as too fat and 30% more likely to diet though they were not more overweight. 84% of village women were overweight or obese. Your social position is based on how well you can feed other people. "… in order to be like them, I have to work on myself, exercising, and my eating habits should change"

Fiji-Within Fijian society each individual is conceived of as embedded within a community and a network of relationships. A great emphasis is placed on how individuals are embedded into a network of relations and how they should play their role in preserving communal traditions to show respect for the community. Because the self in American culture does not encompass a larger group of people who in essence define the self, each individual defines their personal self. Thus it would make sense according to the "individuated" self that the individual focus on self-cultivation through working on the body. (Becker -???)

Weight Loss Economics

The concern over weight has led to weight loss becoming a huge industry. The cost of obesity has been estimated to be \$100 billion per year. In the year 2000, \$34.7 billion was spent on weight loss products and services. A survey done in 1996, reported that more than 2/3 of American adults were trying to lose weight or forestall weight gain (FTC 2002).

It is interesting to see that weight may actually be connected to a person's ability to earn. A study of 7,300 people done in 2005 noted that overweight Americans who lose weight, tend to build more wealth as they lose. This was seen to be an increase of \$11,880 in white women whose BMI went down by 10 points. In black women, the wealth increase was \$4,480 and, in white men, \$12, 720. Weight fluctuations in black men did not affect their wealth. On the other hand, if white women increased their BMI, there was a large wealth decline which was only a medium-sized drop for black women and did not affect men (Preidt 2005).

Benefits of Weight Loss

There are benefits from weight loss that may be related to the weight loss state, rather than to the eventual weight attained. Patients who had weight loss surgery were studied and it was shown that even those who had lost weight but remained obese had major improvements in the medical comorbidities of obesity and their overall quality of life became similar to that of the normal community values. Those patients that achieved a BMI of 30-35 were still overweight but, when compared to people who had not lost weight to be 30-35, these weight loss subjects had increased physical function, increased general health, increased energy, increased social function, improved health and decreased depressive symptoms (Dixon 2004). It isn't known whether this may be metabolic alterations that cause neurochemical changes leading to greater happiness or if the ability to lose weight in people who had been discouraged by previous efforts might account for the improvements in mental health. It has been noted that, regardless of body habitus, body image disparagement decreases when self-esteem and positive emotions increase (Cosmetic).

Weight loss can be achieved through a variety of methods but the most definitive seems to be bariatric surgery. There are different versions available, including gastric bypass forms that decrease gastric capacity and cause malabsorption and gastric banding which leads to decreased gastric capacity only. This type of surgery is usually restricted to those who have a BMI of 40+ or a BMI of 35 if they also have obesity-related comorbidities. Of the patients presenting to receive this surgery, it has been estimated by some that the incidence of psychiatric pathology may be between 30-50%. This pathology is usually responsive to treatment and may not hinder the patient in receiving the surgery (Cosmetic). In fact, some have found that symptoms of psychiatric pathology actually decrease after weight loss surgery (Greenberg).

An entirely different approach to treating obesity may help elaborate new insights into obesity and its relation to happiness. There is a model called the health at every size model. It was compared to a standard dieting intervention in a study of obese females aged 30-45. Both groups had 24 weekly sessions of ninety minutes each. The health at every size group were taught to first disentangle their self-worth from their weight. Then, they were taught to let go restrictive eating and replace it with internally regulated eating. Nutrition focused on foods that promote health and activity found ways to enjoy their bodies. They were followed up over the next two years and 58% of dieters and 92% of the health at every size group completed the program. Dieters lost 5% of their initial weight but the weight and BMI did not change in the health at every size group. Despite the lack of weight loss, however, the health at every size group had a sustained decrease in their systolic blood pressure and decreased total cholesterol where the dieters did not have this change. In addition, the health at every size group had improved self-esteem. At follow-up, 100% of the health at every size group reported feeling better about themselves and 0% felt like a failure. Despite losing more weight, the dieting group had only 47% of their members reporting feeling better about themselves and 53% actually said they felt like a failure (Bacon)

Conclusions

Obesity is prevalent in our society and there are many psychological consequences of being obese, in both children and adults. Societal values can affect how people view themselves at any weight, particularly women in American society. Weight loss can lead to significant benefits in psychological health, finances and overall quality of life. Bariatric surgery is an option that has great psychological impact on its patients. However, alternative approaches to dieting that focus on self-esteem rather than weight, have also shown great benefit. Overall, it seems that the amount one weighs may not be as important to their psychological health as how they and those around them, feel about their weight.

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