Mood and Eating Behaviour

Binge-eating - Individuals with bulimia, experience anxiety prior to bingeing. The correlation appears to hold for sub-clinical populations too. Wegner et al found those who binged had a low mood before & after binge-eating. Although low mood may make binge-eating more likely, it does not reduce the low-mood state.

Comfort-eating - Garg et al observed food choices of participants as they watched an upbeat movie or depressing one. 'Happy' participants chose healthy food (grapes) but 'sad' participants went for the short-term pleasure of junk food (popcorn).

Evaluating Mood & Eating behaviour

x The reinforcing qualities of binge-eating are not clear - Although a no of studies have shown low mood tends to lead to binge-eating, any reinforcement is brief & many studies report a drop in mood immediately after the binge. As a result, it is difficult to see what the reinforcing qualities of a binge-eating episode might be.

x Comfort eating may not work - attitudes towards comfort foods e.g chocolate is based largely on the belief that it can lift mood. However, Parker et al found chocolate, if used repeatedly, is more likely to prolong a negative mood. This challenges the view that low mood causes comfort-eating, as comfort-eating may not be that effective in overcoming a low mood.

Explanations for the success & failure of dieting

Dieting=main consequence of body dissatisfaction (when may be real or imagined). Majority of dieters=women (87% of all women have dieted at some time in their lives). Furnham and Greaves Ogden suggests possible factors for women's dissatisfaction with their bodies:

• Media Influence ∙ Family
• Ethnicity
• Social Class
• Peer groups & social learning

Does dieting work? Short answer=no. Some women can lose weight simply though dieting maintain that weight loss. However, most women cant, and even they often end up eating more.

Restraint Theory (Herman & Mack’s)

Disinhibition
Restrained eating associated with dieting, but theory suggests restrained eating may cause overeating. Its the disinhibition (loss of control) of restraint thats the cause of overeating.

Wardle & Beales assigned 4 obese women to 1 of 3 groups for 7 weeks; restrained eating, exercise or non-treatment. Restrained eating group ate more than women in the other groups.

The Boundary Model
Explains the failure of dieting between hunger & satiety in dieters. Dieters=longer to feel hungry & therefore more good to reach a state of satiety. Dieters have a self-imposed desired intake. When they go over this threshold intake, they experience a 'what the hell' effect, & continue to eat until they reach satiety.