The Psychology of Eating, Why we do what we do, Supplements 1, 2 and 3
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Home and Family Series
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EXTENSION BULLETIN E-631—SUPPLEMENTS 1, 2, 3.
HOME AND FAMILY SERIES

The Psychology of Eating

Why We Do What We Do

Supplement No. 1—*Discussion Leaders' Guide*

Supplement No. 2—*Basic Individual Needs Throughout the Life Cycle*
(Background for Discussion Leaders)

Supplement No. 3—*Summary of Recent Research Findings*
(Background for Discussion Leaders)

NOTE: These supplements are not for general distribution. Their use is limited to Discussion Leaders.

COOPERATIVE EXTENSION SERVICE—MICHIGAN STATE UNIVERSITY

Extension Bulletin E631—Supplement 1

Discussion Leader's Guide

PREPARED BY ANITA DEAN AND MARGARET JACOBSON,
EXTENSION SPECIALISTS, RESPECTIVELY, IN FOODS AND NUTRITION, AND FAMILY LIFE

GOALS OF THIS DISCUSSION

To understand some reasons why we act the way we do.

To understand how our basic needs motivate us to act.

To understand some of the reasons why we eat as we do.

To understand some of the reasons why it is difficult to change eating habits.

RESOURCE MATERIALS

For each individual participant:

"The Psychology of Eating—Why Do We Do What We Do? Guide for Programmed Learning and Discussion. (Bulletin E-631)

For leaders:

This Guide (Supplement No. 1)

"Basic Individual Needs Throughout the Life Cycle" (Supplement No. 2)

"Summary of Research on the Psychology of Eating" (Supplement No. 3)

For group meetings:

"The Oopsies," a set of 22 black and white slides, with narration, which show why people overeat, why they reduce, and what helps most in reducing. To be used as a summary for discussion.

Printed materials and slides may be obtained from your Extension Home Economist.

TEACHING PLAN

A. Start your meeting by stating the goals, as listed above.

B. Then, use "The Psychology of Eating."
Each page of this small booklet contains a question or statement, or answer to the previous question with additional information about the question.

This new type of learning tool is based on the theory that we learn in small steps, and that we learn best if we know immediately whether we were right or wrong —if we get an answer right away.

DIRECTIONS FOR USING THE GUIDE

1. Pass it out to each group member *just before* you are ready to use it.

2. Tell the group not to look through the whole book at once, but use it page by page, as you work with it in the group.

3. Go over the instructions on page 1 with your group.

4. Tell them to answer the first question. Each person is to answer individually and check the answer she thinks is best, or fill in the blank as indicated.

5. Then, look at the answer on the next page and discuss. The additional information with the answer can be used as a summary or can stimulate further discussion.

6. Proceed in the same way for each question throughout the guide.

7. Some questions toward the end of the guide do not have "one right answer." Discuss the individual answers from group members and analyze the differences.

8. Use page 35 to summarize your discussion.

9. Ask each member to answer the questions on page 43 and tear out this sheet. Collect them and send to your Extension Home Economist. This will help to evaluate this new learning tool.

The "Summary of Research on the Psychology of Eating" and "Basic Individual Needs Throughout the Life Cycle" will give you further study information.

At the end of the guide are listed a few other references.

Encourage members to review their guides at home. (This guide may also be used by individuals who do not belong to a group.)

C. **Summary.** Use the slide set, "The Oopsies," if desired, for a summary. The printed narration may be read, or you may comment in your own words.

Extension Bulletin E631—Supplement 2

Basic Individual Needs Throughout the Life Cycle

Background for Discussion Leaders

PREPARED BY MARGARET JACOBSON, EXTENSION SPECIALIST IN FAMILY LIFE

A useful way to understand ourselves and others—what we do and why we do it—is to think of each of us as having basic *needs* which we must meet and fulfill.

A. H. Maslow* has devised a system of five needs, beginning with the most basic physical needs to exist or survive, and going up to higher needs or goals. These are arranged in a "hierarchy" or pyramid:

SOCIAL-PSYCHOLOGICAL

Self-fulfilling needs: To become one's best self. To be what one is capable of being.

Esteem needs: for recognition; for status; to achieve; to feel good about oneself.

Love needs: for acceptance, for approval; to belong, to communicate, to love.

Safety and Security needs: for freedom from physical danger, from illness; for income, savings; also for psychological security.

PHYSICAL

Physiological and Survival needs: for air, water, food, to maintain temperature, for a balance of rest and activity.

These five needs are not self-contained or isolated from each other. However, it is believed that you usually cannot move from a lower to a higher level or be appealed to on a higher level unless you have some minimum satisfaction on a lower level. For example, you must have some food before you feel the need for saving money, or for self-esteem. "Man does not live by bread alone—unless there is no bread," but when we say a "lower" or a "higher" need, we do not mean that the higher needs are "better" or the lower needs are "worse."

These needs act as motivators. We do things to satisfy needs. For example, we work to earn money to buy necessities, to have status, to achieve, etc. While all people are believed to have these same needs, the strength of the need varies because of individual differences in experience and learning. At any given time, one of these needs is generally the most powerful.

These needs are present throughout life—we are never over and done with them. In infancy usually the first three levels are the most dominant. Babies cannot survive without food and water and warmth, but we know that babies who lack human contact, love and communication may also wither and die, or become more susceptible to illness. Early in life the need to "do something"—to walk, to talk, to do things, to be independent, emerges if the lower level needs are met. In our achievement-oriented society, this need usually continues far into later life.

WHEN CHANGE OCCURS

A critical change in ourselves or in our life situation, or in both, may shift our concern to the needs at higher levels if we are able to handle the change successfully. Or, we may move to a lower level if we are unable to handle the change. For example, in adolescence we are changing socially and physically from a child into an adult. We may be striving to achieve status as a person different from what we were before. If we achieve status, we may be more likely to attain higher goals. If we do not achieve this status, the need for love and acceptance may become pronounced, or, for example, we might oversatisfy physiological needs by overeating.

Our first job or a change in work may make us uneasy about our ability to succeed; me may have a renewed need for reassurance that we are loved. Marriage and parenthood bring many new tasks and responsibilities—needs for income to support a family, for recognition as a husband or wife or parent, no longer as a child. In middle age when children leave home, we may have unmet love needs, or the need to feel useful may make love needs again more dominant. Threats of younger people coming into jobs with newer knowledge and education, more physical strength and attractiveness may make self-esteem needs also dominant.

*A. H. Maslow, "A Theory of Human Motivation." *Psychological Review,* 1943, Vol. 50, pp. 370-396.

In later life, loss of loved ones, of job, status and income, fear of death, may make many needs come to the fore.

FAMILY LIFE

In family life, a significant aspect of these needs lies in the fact that families are made up of at least two people, often more, of varying ages and needs. At different times in the family life cycle, different needs may be dominant. It is important that needs of all family members be considered, and that we try to avoid meeting the needs of one member at the expense of some other member. This same idea carries over into the community and world.

While most families in the United States have enough money for food, clothing, and shelter, many families lack even these and other basic necessities. It is indeed unfortunate that love, too, sometimes seems in short supply and that some people have difficulty in finding groups and persons with whom they can have warm, intimate, satisfying relationships.

Lower level needs of infants and children usually are met through the help of someone else. In young and middle adulthood we help others meet their needs. In later adulthood we may again need help to meet our needs. Often, when helping others meet their needs, we find that we also are satisfying our own. Few, if any, needs can be met by one person alone.

SELF-FULFILLMENT

For a variety of reasons, many persons do not meet the goal of self-fulfillment—actualization of their individual potential. Through lack of experience, knowledge or opportunity, they do not become the best of what they are able to become. A person may become "stuck" at some other level and use up energy and time trying to meet the needs of that level. He therefore does not exercise his full capabilities at higher levels. The most successful businessman and the most gifted artist may or may not be self-fulfilling persons. To achieve great recognition or success in a given career or activity does not always guarantee self-fulfillment. To many, of course, it does.

The intensity of self-fulfilling needs varies with the individual; it may be anywhere from very weak to very strong. All of us are capable of feelings and thoughts, of awareness and perception, and of creativity in some realm. In many cases this "realm" may be far removed from the demands and activity of a career or of home and family. In the middle and later years many persons are relieved of the anxieties of job success, child-rearing, accumulating possessions, building financial security, being well-liked and useful. Those who have somehow missed self-fulfillment up to that time, may now be free to be themselves, to know themselves and what they may become—to recognize and meet their self-fulfilling needs.

QUESTIONS TO THINK ABOUT

How would you describe a self-fulfilling person?

What things do you do that give you the feeling that you are doing your best?

Extension Bulletin E631—Supplement 3

Summary of Recent Research Findings

Background for Discussion Leaders

PREPARED BY ANITA DEAN, EXTENSION SPECIALIST IN FOODS AND NUTRITION

Dieting has become one of the great American concerns. It is not surprising in view of the number of people involved. It has been estimated that 15 million people in the United States are obese, i.e., at least 20% above ideal weight.

Overeating related to environmental conditions is apparently the commonest cause of overweight and obesity. The more important environmental factors that may be responsible are availability of food, nature of the diet, and too little physical activity.

WHY OVEREAT?

American culture, with its high standard of living, encourages overeating and inactivity. Contributing to the problem is the great pressure exerted by competitive food advertising, the parade of colorful and tempting pictures of food in magazines and newspapers, and television programs replete with advice on the best cereals for children, dessert recipes, and how much milk to drink a day. Shorter working hours, sedentary occupations, the automobile, more leisure time, more dollars to spend, contribute to the problem.

The results of treatment for obesity in reported studies are remarkably similar and remarkably poor. Little is known about the degree of success in weight-losing in those not under medical supervision. It may be that many people have altered their food habits sufficiently to lose weight and maintain their ideal weight without seeking professional help. It is recognized that study of clinic patients offers a one-sided psychological and social picture and there is a need to supplement this study by observations of non-clinical patients including those with higher education and economic background.

Since the United States has become calorie and figure conscious, this area has become a fertile field for fads. Unscrupulous food faddists prey on the American's desire to lose weight. Millions of dollars are spent annually on useless pills, diets and gadgets which promise to make dieting painless and quick. Sales and circulation of national magazines soar when "crash" diets are featured.

Dr. Hilda Bruch, M.D., Clinical Professor of Psychiatry at Columbia University, says that the younger generation has grown up convinced that appearance is what counts in life, not the person himself. The artificial glamour of film stars has become the accepted beauty ideal for many young people. The extreme slimness so essential to the success of a highly photographed fashion model or movie star has become the ideal of teenage girls.

THREE CATEGORIES

Overweight people can be grouped into three general types:

1. **The uninformed.** A patient who has no apparent emotional problems, usually overeats because he does not understand the relationship between caloric intake and caloric need. Giving him the information he needs about food and nutrition may be enough to make him want to lose weight.
2. **People with minor emotional problems.** They may or may not want to lose weight. They need to learn ways to relieve their anxieties before instruction about nutrition can be effective.
3. **People with deep emotional problems.** Psychiatric help may be necessary before attempts at motivation can even begin. In this type of obesity, the value of food and the obese condition acquire exaggerated values for the person who may use eating as a substitute for love and security or his obesity as a kind of security. (Some medical and nutritional specialists believe that in this type of patient, overeating itself is a better adjustment to life than are other manifestations of their emotional disturbances.)

Many well-adjusted persons know that an attractive meal can improve their mood if they are discouraged by difficulties on a job. Most of us like to eat good food and can appreciate the satisfactions that come with a good dinner. The commonplace, moderate excess weight occurring in puberty and comfortable middle age, especially in persons with a predisposition to gain, is often seen in persons whose overweight is not necessarily related to emotional disturbances.

Very little is known about what enables some people to reduce and stay at the lower weight level. Today, research is beginning to disclose why people become overweight, that is, why they consume more calories than they use up in daily activities. Studies of social customs and psychological needs, which strongly influence eating and exercise habits, are being pursued.

Hospitals are investigating fat-storage mechanisms. Laboratory experiments with rats and other animals are revealing how the brain controls the appetite. This research may some day yield techniques to treat even the deepest-rooted causes of overweight.

EMOTIONAL FACTORS

In view of the relatively small number of studies and the small numbers of people included, caution is suggested in interpreting the results. A few positive findings, based on very small samples, are reported here. Darling and Summerskill administered psychological tests to small groups of successful dieters at Cornell University. Their studies showed that successful dieters are better adjusted emotionally; this was supported by clinical impressions. It has been noted also that obesity developed in childhood is more difficult to treat.

In an effort to determine what factors are important in predicting success or failure in dieting, Shipman and Plesset studied two groups of dieters—one seeing a private practice general practioner once a week for dietary supervision and one visiting a Nutrition Clinic for monthly supervision of their diet. The patients were given a thorough physical examination, a psychological test to measure initial anxiety and depression, and instruction about their diet. The investigators concluded that:

1. People with high anxiety rarely lost very much weight. Sometimes they would start out losing rapidly, but then would just as rapidly cease dieting. Conversely all the very successful dieters had very low initial anxiety scores.
2. The long-term successful dieters visiting the clinic had the lowest depression scores while the long-term unsuccessful had the highest.

It appears from this study that a number of factors about the patient are related to dieting success. In the group visiting a private physician, significant factors were age, socio-economic status, degree of obesity, marital status, and race. People over 50 did poorly. People 60% or more overweight did poorly. Widowed, separated, and divorced did quite poorly. White people lost weight proportionately more than Negroes.

About one-third of the cases in the private group lost 6% or more of their initial weight while one one-fifth of the original clinic patients reached this point. Factors which were found predictive within one group that seemed to vary similarly with the successful rate differential between the groups were socio-economic status, marital status and race. The private group had more upper income people, fewer broken marriages, and few Negroes.

One of the best predictors of outcome is the amount or percentage of weight lost between the first and second weekly or monthly visit. In the private group, nearly all the successful weight losers lost 3% in the first week, while the successful losers in the clinic group lost 2% in the first month.

Previous research had established sex as the only predictor of dieting outcome. This study shows the predictive power of initial anxiety and depression levels, marital status, and success in the first time unit of the diet. It demonstrates clearly that successful dieting occurs only in a favorable emotional state.

Initial anxiety and depression scores were predictive of success for those who dieted over four or more visits. The early stages of diet are not as difficult as the later ones. Not until the end of a month of intensive dieting do personality factors start to influence the dietary success. Prior to that time, the weight loss is apparently not large enough to be physically or psychologically very stressful.

LEARNING HOW TO EAT

Robert Stuart of the University of Michigan believes that all behavior—including a habitual tendency to eat too much—is learned and can be changed by the technique of "operant conditioning." To prove it, he taught eight obese women to eat more sensibly. These women were required to keep a record of when, how much, and what kind of food they ate and in what circumstances (while reading, cleaning up the kitchen, etc.) He asked them to weigh themselves four different times during the day. This indicated their natural weight range and also served as a reminder that they weighed more than they should.

In addition they listed some activities which were pleasureable to them. For those who did nothing pleasureable but eat, new activities had to be found. They also listed things that worried them about their obesity (fear of heart disease, ridicule, loss of a husband's affections, and so on). To control their eating, patients were asked at various tri-weekly interviews

- —to stop eating for a few minutes in the middle of a meal (eventually up to five minutes);
- —to keep eating a "pure" activity (not combine it with watching TV or anything else);
- —to slow down their rate of eating by taking small mouthfuls and by putting the fork down on the table between mouthfuls;
- —to point out their dangerous times of the day and to substitute at those times a pleasureable activity listed earlier.

Some of the women found that, despite greater awareness of their eating habits and the substitution of other pleasureable activities for between-meal eating, some of the bad eating habits continued. For these women, there was a special technique. The therapist asked them first to imagine as vividly as they could the entirely delightful process of eating their favorite snack. They were taught to pair this image with a vision of their weight-related fears identified earlier. For one patient, this meant visualizing herself biting into a crisp cookie, immediately followed by an image of her husband making love to another woman. For her, the technique was quite effective. She stopped eating cookies.