

## Review of Literature

### *Associated Moods*

Emotional eating tends to occur in the presence of a distinct collection of emotions, or moods. Most common are depression, anxiety, and anger or frustration. In some cases, the moods can stem from a general dissatisfaction with life (Timmerman & Acton, 2001). In other cases, overall states such as depression can be linked to a particular emotional eating behavior such as night-eating (Grilo & Masheb, 2004). In addition, a negative mood can be induced within a study and shown to promote emotional eating (Bekker, van de Meerendonk, & Mollerus, 2004).

### *Common Personality Features*

Some individuals seem to be predisposed to emotional eating due to certain personality traits. Personality disorders such as avoidant personality disorder (APD) and obsessive-compulsive personality disorder (OCPD) exist in abnormal proportions within binge-eating groups (Picot & Lilenfeld, 2003). Other less clinical traits such as impulsiveness (Becker et al., 2004) and low self-esteem (Grilo & Masheb, 2004) have also been positively linked with emotional eating. Another study found that binge-eaters tested high on the sensation-seeking scale, specifically the *thrill and adventure seeking* category, suggesting that individuals craving new sensations are more likely to engage in emotional eating (Rossier, Bolognini, Plancherel, & Halfon, 2000).

### *Gender Distinctions*

With regard to emotional eating disorders such as binge-eating, men tend to be more symptomatic and more likely to engage in substance abuse than women (Tanofsky, Wilfley, Spurrell, Welch, & Brownell, 1997.) Men also report a much higher incidence of night-eating than women (Grilo & Masheb, 2004). However, women report higher levels of shape and weight

concerns than men, probably due to cultural norms.

### *Motivation*

Judging from the common emotional states, it seems that emotional eating or binge-eating could be a type of self-medication. It is possible that sufferers find comfort in a familiar pleasure such as a favorite food or the sensation of fullness. In their study of need satisfaction, Timmerman and Acton (2001) found that subjects with a lower level of satisfaction on Maslow's Hierarchy of Needs were more likely to overeat, leading them to theorize that the emotional eating served as a substitute for need fulfillment.

### *Human Ecological Theory*

Human Ecological theory states that an individual's world is composed of various subsystems, all of which are interdependent. Therefore a change in one area can affect another, just as an event in one system can lead to behavior in another. Emotional eating fits into this pattern well. Stress in one environment, such as work, can lead to emotional eating in another environment, such as the home. Similarly, emotional eating among a family system can affect every individual in that system. A child can learn to treat food as a coping mechanism from a parent. In addition, cultural messages from the larger macrosystem can influence an individual's relationship with food. Media's representation of the desirable body type could lead a young woman to see food as a temptation, rather than daily nourishment.

### *Indications for Prevention/Treatment*

Proper treatment of chronic anxiety or depression disorders should reduce the incidence of emotional eating, given the obvious correlation between the two. In addition, the personality traits these studies have identified (such as impulsiveness and sensation seeking) could lead doctors to more specific treatments. For example Rossier and colleagues (2000) suggest in their

sensation-seeking study that women with binge-eating disorders who test high on the *thrill and adventure seeking* category could be encouraged to try new activities or sports as an alternate sensation to eating. Along the same lines it seems that individuals testing low on Maslow's hierarchy could explore fulfilling the actual life needs (e.g., financial security) as an alternative to emotional eating.

Early detection is also crucial. One study found the EES (Emotional Eating Scale) to be a useful tool in identifying predispositions to eating disorders, even in non-disordered women (Waller & Osman, 1998).

Lastly, indications from a cross-cultural study show that there is a strong cultural component in eating disordered behavior (Waller & Matoba, 1997) therefore changes in the way society depicts a healthy lifestyle could affect positive changes on the eating disorder front.

### *Summary*

Clearly emotional eating has a multitude of triggers. Based on the data we can also conclude that physical hunger is not among them. Although the general assumption is that only negative moods lead to emotional eating, a closer look shows that there are deeper layers. Emotional eating can stem from a desire for new sensations (Rossier et al., 2000) or even serve as a replacement for material needs like financial security (Timmerman & Acton, 2001). In addition, gender and cultural differences can affect these motivations and how they are dealt with. A common thread is that in every case food is not being treated as food but rather a reward or sensation. A closer examination of how these perceptions are formed and what attributes they are associated with can only enhance our understanding of the obesity issue.