



Obesity and the Social Withdrawal Syndrome



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ABSTRACT

The relation between obesity and Social Withdrawal Syndrome (SWS) was examined using the data gathered by Rotenberg, Bharathi, Davies, and Finch (2013). One hundred and 35 undergraduates (80 females; *Age* = 21 years-10 months) completed standardized scales that assessed the SWS (low emotional trust beliefs in close others, low disclosure to close others, and high loneliness). BMI was calculated from self-reported weight and height. As hypothesized, quadratic relations were found in which participants with BMI > 30 (i.e., obese) demonstrated the SWS pattern of low emotional trust beliefs in close others, low disclosure to close others, and high loneliness. As further evidence, lower emotional trust in close others, lower disclosure to close others, and greater loneliness were found for obese participants (>30 BMI, *n* = 27) than both normal weight (<25 BMI, *n* = 67) and overweight participants (25 to 30 BMI, *n* = 41). The findings confirmed the hypothesis that obesity was associated with the SWS. The findings suggested that the lack of trust in others by obese individuals contributes to their unwillingness to seek out help for health and psychosocial problems.

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1. Introduction

Obesity is regarded as an epidemic around the world (Hruby & Hu, 2015). It increases the risk of poor physical health (Renzaho, Wooden, & Houg, 2010; Yan et al., 2004) and psychosocial problems (Papadopoulos & Brennan, 2015). Researchers have not yet examined whether obesity is associated with the Social Withdrawal Syndrome (SWS). The SWS is a coherent pattern of low trust beliefs in close others, low disclosure to close others, and high loneliness. It has found to be associated with eating disorders, notably Bulimic symptoms (Rotenberg, Bharathi, Davies, & Finch, 2013; Rotenberg & Sangha, 2015). The current study examined the relation between obesity and the SWS.

1.1. SWS and eating disorders

Rotenberg et al. (2013) found that young adults' bulimic symptoms were associated with low emotional trust beliefs in close others, low disclosure of personal information to close others, and high loneliness. Also, Rotenberg and Sangha (2015) found that adolescents' bulimic symptoms were associated with low emotional trust beliefs in close others, low disclosure to close others, and high loneliness. Furthermore, it was found that low trust beliefs in close others longitudinally predicted increases in bulimic symptoms via its effect on loneliness. The SWS by those with eating disorders was attributed to, in part, the

stigmatization of eating disorders and the shame they experience. The researchers argued that the SWS contributed to the tendency for those with eating disorders to be unwilling to seek out help for their health and psychosocial problems (see Rotenberg et al., 2013).

Do obese individuals show SWS? The answer to this question may be affirmative. Obesity has been found to be positively associated with loneliness (Lauder, Mummery, Jones, & Caperchione, 2006) and with an anxious attachment style (Wilkinson, Rowe, Bishop, & Brunstrom, 2010). Also, similar to other eating disorders, research has shown that obese individuals are socially stigmatized and experience heightened shame and guilt (e.g., Papadopoulos & Brennan, 2015). As a consequence, obese individuals may hold low emotional trust in close others, show low disclosure of personal information to close others and show high loneliness.

1.2. Overview of the current study

This current study involved a re-analysis of data gathered by Rotenberg et al. (2013). In the original investigation, participants' reported their height and weight as part of the gathering of demographic information. Those reports were used in the current study to examine the hypothesis that obesity is associated with the SWS. The following was expected:

- (1) BMI would be (1) negatively correlated with (and linearly related to) emotional trust beliefs in close peers and disclosure to close peers and (2) positively correlated with (and linearly related to) loneliness.
- (2) Quadratic relations would be observed in which participants

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who showed a BMI > 30 (as obesity) would demonstrate lower emotional trust beliefs in close persons, lower disclosure to close persons, and higher loneliness than would other participants. It was expected that the individuals with very low BMI would show a modest form of the SWS because those with Bulimia Nervosa tend to have low BMI (see Butryn, Juarascio, & Lowe, 2011) and they tend to show the SWS (see Rotenberg et al., 2013)

- (3) Obese individuals would demonstrate the SWS by showing lower emotional trust beliefs in close persons, lower disclosure to close persons, and greater loneliness than overweight and normal weight individuals.

2. Method

2.1. Participants

One hundred and 37 undergraduates (81 females and 56 males) were recruited from a mid-size university in the UK. They had mean age of 21 years-10 months ($SD = 4$ years-8 months) and ranged from 18 and 57 years. The weight and height were missing for two participants (1 male and 1 female) which reduced the sample. The sample sizes per measure varied because of missing data.

2.2. Measures

2.2.1. Emotional trust beliefs in close others

This was assessed by the 10-item Specific Interpersonal Trust (SIT; Johnson-George & Swap, 1982; adapted by Rotenberg et al., 2013). Emotional trust beliefs are reported in each of three target persons (mother, father, and friend). The SIT has demonstrated acceptable internal consistency and validity (Johnson-George & Swap, 1982). In the current study, the SIT scale (summed across target persons) showed acceptable internal consistency, $\alpha = 0.82$. Higher scores denoted greater emotional trust beliefs.

2.2.2. Disclosure to close persons

This was assessed by participants' 5-point judgments of their disclosure of each of 10 intimate topics Opener Scale (Miller, Berg, & Archer, 1983) to each of the three target persons: mother, father, and friend. In the current study, the disclosure to close others scale (summed across targets) showed acceptable internal consistency, $\alpha = 0.90$. Higher scores denoted greater disclosure.

2.2.3. Loneliness

This was assessed by the 20-item UCLA-R Loneliness Scale. This scale has been found to demonstrate reliability and validity (Russell, 1996). In the current study, the UCLA-R Loneliness Scale demonstrated acceptable internal consistency, $\alpha = 0.90$ when two problematic items were removed. Higher scores denoted greater loneliness.

3. Results

3.1. Correlations between the measures

The correlations between the measures (with Means and SDs) are shown in Table 1. As reported by Rotenberg et al. (2013) there were associations among the SWS measures. Emotional trust beliefs in close others was positively correlated with disclosure to close others and negatively correlated with loneliness. Disclosure to close others was negatively correlated with loneliness. As hypothesized, BMI was: (a) negatively correlated with both emotional trust beliefs in close others and disclosure to close others and (b) positively correlated with loneliness.

Table 1
Correlations between the measures (with means and SDs).

Measure	Mean	SD	ETBCO	DCO	Lone
BMI	26.21	7.21	-0.24**	-0.20*	0.25**
Emotional trust beliefs in close others (ETBCO)	60.87	9.95		0.20*	-0.28**
Disclosure to close others (DCO)	31.69	6.81			-0.38**
Loneliness (Lone)	37.26	7.71			

$Dfs = 124$ to 133 .

* $p < 0.05$.

** $p < 0.01$.

3.2. Linear and quadratic relations between the BMI and the SWS measures

The linear and quadratic relations between BMI and emotional trust beliefs in close others, disclosure to close others, and loneliness are shown in Figs. 1, 2, and 3, respectively. BMI was: (1) linearly and negatively related to emotional trust beliefs in close others (Fig. 1); (2) linearly and negatively related to disclosure to close others (Fig. 2); and (3) linearly and positively related to loneliness (Fig. 3). The linear relations match the correlations.

As expected, the linear relations were qualified by a quadratic relation for each measure. As hypothesized, quadratic relations were found. Participants who showed a BMI > 30 (as obesity) demonstrated lower emotional trust beliefs in close persons, lower disclosure to close persons, and higher loneliness than participants with lower BMI. As expected, participants with very low BMI showed a modest form of the SWS.

3.3. Categorical analyses

ANOVAs were carried out on each of the SWS measures with 3 groups as the between factor. The 3 groups were normal weighted participants with BMI < 25 (the normal weight group, $n = 67$), overweight participants with BMI scores between 25 and 30 (the overweight group, $n = 41$) and obese participants with BMI > 30 (obese group, $n = 27$). These are the BMI weight categorizations (see Hruby & Hu, 2015). LSD t a posteriori comparisons tested for differences between the means,

The ANOVAs yielded a main effect of group on: (1) emotional trust in close others, $F(2, 123) = 6.79, p < 0.002, \eta^2 = 0.102$; (2) disclosure to close others, $F(2, 121) = 4.70, p = 0.011, \eta^2 = 0.072$; and (3) loneliness, $F(2, 123) = 8.46, p < 0.001, \eta^2 = 0.12$. The obesity group showed lower emotional trust in close others, $M = 53.87, SD = 1.43$, than both the overweight group, $M = 61.26, SD = 1.56$ and the normal weight group, $M = 61.13, SD = 1.58$ ($ps < 0.001$) which did not differ. The obesity group showed lower disclosure to close others, $M = 28.13, SD = 1.30$, than both the overweight group, $M = 32.69, SD = 1.15$ and the normal weight group, $M = 32.56, SD = 0.82$ ($ps < 0.001$) which did not differ. Finally, the obesity group showed greater loneliness, $M = 42.73, SD = 1.43$, than both the overweight group, $M = 36.42, SD = 1.27$ and the normal weight group, $M = 36.03, SD = 0.89$ ($ps < 0.001$), which did not differ.

4. Discussion

The findings confirmed the hypotheses. As expected, BMI was: (1) negatively correlated (and linearly related to) with both emotional trust beliefs in close others and disclosure to close others and (2) positively correlated (and linearly related to) loneliness. Quadratic relations were found: those with BMI > 30 (i.e., obese) showed the SWS pattern of low emotional trust beliefs in close others, low disclosure to close others, and high loneliness. As expected, a very modest SWS pattern was shown by individuals with very low BMI. Furthermore, obese participants showed lower emotional trust beliefs in close others, lower

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