The term over weight is generally used to indicate that a person has more body fat than is considered useful for the optimal functioning of the body. A healthy body requires a minimum amount of fat for the proper functioning of the hormonal, reproductive, and immune system; as insulation, as shock absorption for sensitive areas, and as excess energy for future use. But the accumulation of too much stored fat can impair movement and flexibility, and can alter the appearance of the body. Being overweight is a fairly common condition for many people, especially those in developed nations where food supplies are plentiful and lifestyles are inactive. Recent studies have indicated that as much as 64% of the adult US population is overweight, and this number is increasing. In India, the risk of obesity is highest in the 20% of the population that consumes 80% of visible dietary fat (Singh & Kapil, 2004). Another survey by the All-India Institute of Medical Sciences reported that 76% of women in metropolitan cities are suffering from abdominal obesity. Another schools survey in Indian cities showed that 30% of adolescents from India’s higher economic groups are overweight (Kapil, Singh, Pathak, Dividedi and Bhasin, 2002) And a Sri Lankan study has shown that 14% of urban school children are overweight, two thirds of whom are from families with high income

**Dr. Harprit Kaur**, Sr. Lecturer Department of Psychology Punjabi University, Patiala.

**Jojanjit Kaur**, Research Scholar, Department of Psychology, Punjabi University, Patiala.
Psychology and Health Promotion

(Fleck., 2003). WHO has described the rising rates of overweight and obesity in the developed world as an epidemic that requires attention. Between 1994 and 2004, overweight and obesity increased across the world.

The explanatory causes of obesity are multiple and include increasing consumption of energy dense foods, high in saturated fats and sugar, and decreasing levels of physical activity. Environmental factors contributing to obesity include technological and social changes leading to less physically demanding work, increasing dependence on cars, use of technologically sound labour saving devices and more passive leisure pursuits (e.g. excessive computer use and TV watching). In addition, the marketing & wide availability, leading to increased consumption of soft drinks and low cost ‘fast’ and “super sized” food portions are also important contributing factors, social determinants of health are also implicated. Relevant factors include income and the affordability of healthy food options; social norms and peer pressure relating to fast foods; reinforcements by intensive food industry marketing running counter to healthy eating messages; inadequate transport for delivery of healthy foods in rural and remote areas, and illiteracy towards interpreting food labels.

Self-esteem reflects a person’s overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, “I am competent/incompetent”) and emotions (for example, triumph/despair, pride/shame). Behaviour may reflect self-esteem (for example, assertiveness, timorousness, confidence/caution). According to Blascovich & Tomaka, 1991, self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as evaluative or affective ones.

Along with the social and environmental factors causing obesity, there are some psychological and/or emotional contributing factors. Excessive overeating or becoming obese may be ways of coping with personal problems. One may, for instance, use food for the purpose of satisfying need for love, comfort or crisis escape, and thereby end up with overweight. Consequently, losing weight can
be a lifetime struggle with many emotional and psychological repercussions. The pressure to be thin can take a toll on one’s mental health, due to the emphasis on thinness in our culture, which is reflected in the high level of media attention to this issue, and the peer pressure. Furthermore, overweight people are thought of as lacking will power, being lazy, and not caring about themselves. This can lead to internalization of problems and this negative image may make one feel like a failure. The overweight people may blame themselves, and suppressed emotions which are one of the significant traits of alexithymia. It is well established that alexithymia is associated with eating disorders. A cycle of negative thinking ensues, and weight loss can become a losing battle on both the physical and emotional levels (Rosen & Reiter, 1996) support the point that vast majority of obese women demonstrated body image dissatisfaction related to their obesity; and more frequent exposure to stigmatization was also associated with greater psychological distress, more attempts to cope, and more severe obesity. Researches show the significant differences between obese patients and reference subjects on nearly all personality traits, especially somatic anxiety, muscular tension and psychic anxiety (Sullivan & Taft, 2003)

The term alexithymia is used to describe a state of deficiency in understanding, processing, or describing emotions. Alexithymia is a personality trait that places individuals at risk for other medical and psychiatric disorders while reducing the likelihood that these individuals will respond to conventional treatments for the other conditions but it is not classified as mental disorder. Alexithymia is a term which refers to the concept of not appreciating emotional connectedness and means “no words for mood”, and is used to describe a disorder where patients have difficulty in expressing feelings in words. Alexithymia, which literally means “no words for emotions,” is a set of cognitive–emotional deficits that includes the inability to identify and express emotions and affects, an impoverished fantasy life, preference for concrete concerns, and avoidance in coping with conflicts or reporting emotions. Such patients often express emotions in somatic terms, for example, headache or back pain.
Eating-disorder patients are considerably more alexithymic than apparently healthy controls (Cochane, et al. 1993). Some studies have specified that alexithymia is more related to the psychological characteristics of patients with eating disorders than to the eating behaviour itself (Taylor, Parker, Bagby, Bourke, 2006). With regard to the links between alexithymia and obesity, it has been found that obese subjects are more alexithymic than non-obese subjects (Fukunish & Kaji, 1997). Alexithymia was measured in obese subjects without BED, no significant relationships were found between obesity and alexithymia (Morosin & Riva, 1997) and alexithymia was present in a subgroup of subjects with psychopathological characteristics (Laquadra & Clopton, 1994). These studies suggest that alexithymia is specifically associated with eating disorders in obese subjects.

The relationships between alexithymia and eating behaviour in obesity have been sparsely studied and poorly understood. There is empirical evidence suggesting a relationship between alexithymia and obesity (Legorreta & Kiely, 1988), however, some studies do not support this hypothesis (De Zwaan, et al. 1995).

Exploring the relationship between obesity and psychosocial adjustment in a combined clinical and non-clinical sample (Braet & Vandereycke, 1997) found that all obese subjects, independent of their help-seeking status, reported more negative physical self-perceptions than the non-obese group and they scored lower on general self-worth.

Coping is defined as the things people do to master, tolerate, and minimize life strains or demands. Coping is a “a constantly changing process involving cognitive and behavioural efforts deployed to manage specific external and or internal demands that are appraised as stressful” (Lazarus & Folkman, 1991). Coping is also defined as a process by which an individual manages the ever-changing environment (McFarland & Mcfarland, 1993). Coping may be seen as actions taken by persons directed at confronting demands, solving problems, and/or altering and managing streses (MuCubbin, Thompson, & McCubbin, 1996). Coping behaviour is generally
influenced by maturation and cognitive development such as increasing attention span, problem-solving ability, and understanding peers and adults (Berk, 1994). Studies of Manus and Killeen, (1995) and Israel and Ivanova, (2002) indicate that some obese children and adolescents with normal self-esteem use compensatory methods to protect themselves from lower self-esteem and also suggest that obese children use discounting (diminishing the importance of domains in which they are less competent) as a coping mechanism. The study by Myers and Rosen, (1999) showed that more frequent exposure to stigmatization was associated with greater psychological distress, more attempts to cope, and more severe obesity.

The World Health Organization says more than 1 billion adults around the world are overweight and 300 million of them are obese, putting them at much higher risk of diseases such as diabetes, heart problems, high blood pressure, stroke, menopause and some forms of cancer; as well as many behavioural and psychological problems because of the inferiority complex due to the negative body image. The ill effects of obesity as are well established, but it is important to establish whether it is related to poor self evaluation; whether it is associated with any typical forms of coping mechanisms, and whether it is an expression of emotional difficulties in the individual.

**Objective**

To determine the effect of over-weight on self esteem, coping styles, and alexithymia among married and single females.

**Hypotheses**

1. It is expected that self esteem of normal weight females will be higher than the females who are overweight.
2. It is expected that overweight women will score higher on alexithymia than normal weight females.
3. It is expected that there will be a difference between the coping styles of females with overweight and normal weight.
4. It is expected that there will be a difference between self-esteem, coping, and scores of alexithymia on the basis of marital status.
Sample
A sample of 80 females within the age range of 18 - 45 years was taken from urban areas. Sample was divided into 2 groups; one group consisted of 40 single females and the other group consisted of 40 married females and each group was having 20 overweight (BMI< 29) and 20 normal weight females (BMI< 18 to 28). All the females were selected from Chandigarh and near by areas of Punjab.

Tools Used
- BMI: Body mass index was calculated on the basis of self-reported weight and height (weight in kilograms divided by the square of height in metres) to determine which females were underweight, normal weight and overweight.
- Self esteem inventory by Coopersmith, (1990) was used. It is a self-report questionnaire designed to measure self esteem in social, academic, family and personal areas of experience. This inventory comprises of 25 items. Respondents classify each item as “Like Me” or “Unlike Me”.
- The Twenty Item Toronto Alexithymia Scale (TAS-20) by Bagby, Parker, & Taylor, (1994) was used. The TAS-20 has 3 factors including: difficulty identifying feelings and distinguishing them from bodily sensations (F1), difficulty describing feelings to others (F2), and externally oriented thinking (F3). The TAS and TAS-20 are now the most widely used measures of alexithymia (Taylor, 2000).
- Coping Checklist (Rao, Subbakrishna and Prabu,1999). This checklist comprises of 71 items. The checklist is kept open ended to allow the individual to report additional coping behaviours. Items are dichotomously scored. The items can be grouped into 9 coping styles, namely: cognitive positive, cognitive negative, problem solving, distractibility magical, avoidance, religion, help seeking, and external attribution. (Daka, Varma, and Malhotra, 1995). In the present study only the global score was considered.
Results and discussion

The obtained data were analyzed by t test for the significance of mean difference and the results are given in Table 1 and 2 below:

TABLE 1
Scores on Self-Esteem, Alexithymia and Coping in over weight and normal weight females.

<table>
<thead>
<tr>
<th></th>
<th>Self-Esteem</th>
<th>Alexithymia</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over weight</td>
<td>60.28</td>
<td>49.3</td>
<td>33.34</td>
</tr>
<tr>
<td>(N=40)</td>
<td>18.91</td>
<td>10.89</td>
<td>7.46</td>
</tr>
<tr>
<td>Normal weight</td>
<td>62.10</td>
<td>50.83</td>
<td>34.68</td>
</tr>
<tr>
<td>(N=40)</td>
<td>17.41</td>
<td>10.00</td>
<td>7.99</td>
</tr>
<tr>
<td>t-ratio</td>
<td>0.36</td>
<td>0.64</td>
<td>0.80</td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance
* Significant at 0.05 level of significance

TABLE 2
Scores on self-esteem, alexithymia and coping in married and single females (df=78).

<table>
<thead>
<tr>
<th></th>
<th>Self-Esteem</th>
<th>Alexithymia</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>55.28</td>
<td>49.55</td>
<td>35.98</td>
</tr>
<tr>
<td>(N=40)</td>
<td>17.45</td>
<td>10.28</td>
<td>7.42</td>
</tr>
<tr>
<td>Single</td>
<td>67.10</td>
<td>50.58</td>
<td>32.03</td>
</tr>
<tr>
<td>(N=40)</td>
<td>16.71</td>
<td>10.66</td>
<td>7.57</td>
</tr>
<tr>
<td>t-ratio</td>
<td>3.44**</td>
<td>0.43</td>
<td>2.34*</td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance
* Significant at 0.05 level of significance

From the results (Table 1) it is evident that the normal weight females scored slightly higher than the overweight females on self-esteem but the difference was non-significant. Similarly, the normal weight females also scored a little higher than the overweight females on alexithymia and coping but none of the difference reached the level of significance. Thus the hypothesis that the overweight and normal weight females will differ in their scores on self-esteem, alexithymia and coping was rejected. It was also revealed by the
results (Table 2) that the married women scored significantly \( t=3.44, df=78, p<.01 \) lower (mean = 55.28) than the unmarried / single (mean = 67.10) women. On the contrary, the married women, scored significantly \( t=2.34, df=78, p<.05 \) higher mean scores on coping (Table 2).

The results of present study partially support the hypotheses as there was an insignificant difference between the self-esteem of obese and non-obese females. Many studies reported that as the weight grows the self-esteem declines (Martin, Housley, and McCoy, 1988). A number of studies have also suggested that overweight females and adolescents report moderately lower levels of self-esteem as compared to non-overweight adolescents and females (Manus & Killeen, 1995; Pesa, Syre, and Jones, 2000; Strauss, 2000). However, these findings are not universal, as a number of other studies have not found an association between self-esteem and weight status (Gortmaker, 1993; Rumpel and Harris, 1994; Renman, Engstrom, Silfverdal, and Aman, 1999). While there may not be a clear answer to this question, these findings point to the importance of examining factors that may lead some people who are overweight to be at greater risk for lower self-esteem. French and colleagues (1995) also reported that, in many of the studies reviewed, overweight status in females was inversely associated with self-esteem and body-esteem, but noted that the relationship was modest and that lower scores often fell within normal ranges. In the review of the literature it was suggested that the relationships between overweight status in females and self-esteem is still not clear which is also in the case of present findings.

On the other hand, the relationship of alexithymia and obesity comes out to be insignificant in both married and unmarried and obese and non-obese. As in the modern era, eating habits and lifestyle that people are adopting has increased the prevalence of obesity and it has become a very common phenomenon, and hence it is no longer perceived as a problem due to which it has no effect on self esteem. In many cases, it is inherited from parents and as an individual starts facing the situation the very childhood and might also perceive other family members handling similar situation which
makes him or her emotionally strong and being overweight also they do not suffer from emotional problems. It was also found that both obese and non-obese were having almost same score on alexithymia. (Sweeting, West and Young, 2008) had reported that the prevalence does not impact on the obesity-weight-worry relationship. As many obese adolescents appear unconcerned about their weight, a significant minority of the non-obese worry needlessly.

Furthermore, difference between coping styles come out to be significant in married and unmarried women which throws the light on the fact that single and married females confront different kind of experiences of life. The single females live a liberal life and are free to think about themselves and somehow are also independent from familial responsibilities; so they face fewer problems than married females, as married females have to take the responsibility of their family and sometimes have to lower down their personal ambitions and sacrifice their personal motives which may also affect their ways of handling problems and coping styles. A study by Lo, stone and Ng, (2003) has also focused on married women often come across work-family conflict, insufficient time, multiple role, and lack of support from husband which increases their day-to-day conflict and effect their coping styles.

Difference between the self esteem of single and married also comes out to be significant which clearly vivifies that an Indian society being a male dominated society does not allow married females to grow as an independent being, although the scenario is changing very rapidly and they are given right of education but still in many cases after marriage they are not allowed to avail good opportunities and are bound to take decisions according to their husband and in-laws which strongly affect their self esteem and the ways they behave and cope with situations. According to psychologists, the loss of self-esteem is nothing more than the natural process of growing up females and realizing that what was once pampered and adored by parents and family members is no longer accepted the way they are. This realization causes many young women to make dramatic changes in their self-images and their behaviour. They begin to recognize that the world functions in
terms of power dynamics and that it is women who do not possess the power (Debold, Wilson, and Malave 1993).

As this realization process begins internally, expectations of females from outsiders also change. “Upon entering the teenage years, the girl is no longer afforded the tolerance which she may previously have experienced in being just herself, but with times she has to begin to assume the responsibilities and sacrifice her priorities for others. (Llewelyn and Osborne, 1990). For the adolescent females, becoming an adult means becoming an adult woman and thus taking on the expected characteristics of womanhood and fulfilling the expectations of others. And this all might be held responsible for declining the self esteem of adult females.

To some extent, obesity does affect the person physically but still it is not considered as psychophysical problem but it comes out as a major psychosocial factor which affects the social life of a person to a greater extent. A study by Strauss (2000) supports that negative weight perceptions are particularly common among young adolescent white females, which reveals that young obese adolescent females show the lowest levels of self-esteem. It also demonstrates significant social consequences of decreasing self-esteem in obese adolescents and their decreasing levels of self-esteem showed significantly elevated levels of loneliness, sadness, and nervousness, and 70% of obese females demonstrated decreasing levels of self-esteem by early adolescence due to obesity. (Strauss, 2000).

It is concluded that the overweight and normal weight female included in the present study did not differ in their self-esteem and coping and scores on alexithymia scale. The single women scored significantly lower scores on coping whereas higher scores on self-esteem. However, the findings of the study need to be generalized cautiously as the sample was small and taken on non-random sampling basis.

REFERENCES


