An Evaluation of Life Quality and Self-confidence of Obese Members of Anonymous Overeaters (OA) Group and Obese Clients of Nutrition Clinics in Tabriz

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ABSTRACT

Life quality and self-confidence are two important issues for the ones who suffer obesity. The current study compares life quality and different aspects of self-concept in two groups of fat people, including the anonymous overeating group members and the members of nutrition clinics. The statistic population consists of 30 people from each group, i.e. there are 60 subjects. Saraswat self-concept aspects and life quality questionnaires (SF-36) are the measurement instruments of this research, and the analysis was conducted through independent T test. The results of this study indicate that there is a significant difference between corporal self-concept and quality of life in the anonymous overeating group members and the members of nutrition clinics. Hence, corporal self-concept and quality of life among the members of anonymous overeating group at 99% reliability was more than corporal self-concept and quality of life among the members of nutrition clinics. However, there was not a significant difference between social, moral, and rational self-concept of the anonymous members of overeating group and the members of nutrition clinics.

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INTRODUCTION

Fat metabolism disorder is often considered as a chronic disease called obesity. It is the consequence of various factors such as genetic, harmonic, metabolic, and behavioral. Overeating is a main factor which causes obesity. It is estimated that over half of the overweighted people suffer from indulgent overeating. It is believed that excessive overweight or underweight indicates lack of health. According to the American national health institute report, weight increase and obesity results in cardiovascular diseases, blood pressure, blood fat disorder, Diabetes type 2, stroke, gallbladder disease, respiratory problems, and arthritis. Additionally, obesity is considered as an unpleasant quality in the society which its related problems impose enormous expanses on societies. Furthermore, obesity involves various psychological problems, including low quality of life, depression, anxiety, reclusion, concentration problems, lower elf efficiency, and more corporal dissatisfaction. Self-concept and quality of life are two social and psychological factors which are always related to obesity. Researchers believe that eating disorders also affect quality of life negatively. Quality of life is a multidimensional concept which the international health organization has defined it as everyone’s perception of life, values, objectives, standards, and individuals interests.

The biologic, social, and psychological importance and consequences of obesity have encouraged the psychologists to look for some treatments which decrease these problems. In this regard, some behavioral interventions, such as self-care, appetite controlling techniques, behavioral contracts and cognitive interventions emerged, and behavioral-cognitive techniques were presented after them. Though these strategies temporarily solve the problem, they do not have a significant effect in long term. Hence, it is estimated that the possibility of their long-term improvement is less than 5%. Furthermore, the cognitive and interpersonal treatments of obesity are highly expensive. They are unnecessarily long for the overeaters. Hence, the anonymous overeating self-helping groups inspired by the anonymous addicted and alcoholic groups were presented and they have
considerably extended. Since establishing these groups by Rozan S. in July, about 8500 anonymous overeating groups have been established in over 50 countries in the world. These groups are working in 17 cities of Iran, though recently presented. In the anonymous overeaters self-helping groups, overeaters help themselves to be treated. One of them who had suffered from the health problem before and he could help himself to be treated and is going to help others to control their overeating problem usually founds a self-helping group which himself. As any other treatment, the effectiveness of these groups is also questionable. Hence, the present research project is going to investigate some of these questions. Whether groups can help individuals to promote the quality of life, or is there any difference in the different aspects of the participants’ self-concept compared to obese people.

Methodology:

The method selected for this research is causal-comparative. The participants of this research consist of all the obese adult individuals (male and female) in the anonymous overeater groups and the clients of Tabriz nutrition clinics. They were selected from 30 obese participants in Tabriz QA groups and 30 obese people with treatment record in Tabriz nutrition clinics. Roger Kumar self-concept and quality of life questionnaires were the instruments of this project. Roger Kumar self-concept questionnaire (1989) consists of six different aspects, including instructional, moral, rational, social, corporal, and temperament self-concept. This research project merely used temperament, rational, social, and corporal self-concept. The questionnaire includes 48 questions, there are 8 questions for each aspect, and each question gets 5 points. The rating is the same for all the questions, if the testee selects the first option, he gets 5 points, he gets 4 point for the second option, and respectively he would get 1 point for the fifth option. Sum of the points of the forty eight questions is the individuals’ self-concept. High score from this questionnaire indicates higher self-concept, and lower score indicates a low self-concept. The reliability was obtained through test-retest questionnaire, and 91% self-concept, 77% corporal, 83% social, 79% temperament, 79% rational were reported for sum score. To determine the questionnaire validity, experts’ opinions were used. Hence, 100 questions were given to 25 psychologists to categorize them according to different issues. The questions with the minimum degree of 80% agreement were selected. Then, the content validity and the construct questionnaire were determined. Quality of life questionnaire (SF-36) was prepared by the international organization of quality of life investigation. It includes the micro-scales of corporal performance, body pain, low performance, general health, vitality, emotional role, and mental health. This scale includes zero to five scores. For 11 questions of the questionnaire, zero is the worst and 5 is the best situation for the individual. For the rest 25 questions, zero indicates the best condition for the individual. Hence, the order of measurement scale in 11 questions (1, 2, 20, 21, 22, 23, 26, 27, 30, 34, 36) has a direct relationship with the measurement of the general quality of life, and it has a reverse relationship with the other 25 questions. The general score of the questions has been from zero to 100 which were considered according to the individuals’ response, favorable quality of life (71 to 100), fairly favorable (31 to 70), unfavorable (0 to 30). The researches on quality of life scale indicate that this questionnaire enjoys a high reliability and validity. The reliability and validity of this questionnaire was first assessed by Montazeri et al. on 4163 married subjects above 15 years old. In sum, the findings indicate that the Iranian version of this questionnaire is an appropriate instrument with high reliability and validity to measure the quality of life in the general population.

Main body:

According to table 1, there is a significant difference between the quality of life the obese members of the anonymous overeating group and the non-member ones.

<table>
<thead>
<tr>
<th>Statistic index group</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Value t</th>
<th>Freedom degree</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous overeaters</td>
<td>30</td>
<td>59.1</td>
<td>12.46</td>
<td>16.3</td>
<td>58</td>
<td>0.001</td>
</tr>
<tr>
<td>Nutrition clinic</td>
<td>30</td>
<td>47.60</td>
<td>13.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As the results of this table show, the value t 16.3 with the freedom degree 58 is greater than the critical value 58. Hence, we can be 99% sure that our hypothesis based on the difference between the patients who are the members of the anonymous overeater patients and the other patients in terms of the quality of life is approved (p<0.01). As the result, the members of the anonymous overeater group have a greater quality of life than the obese clients of the nutrition clinics.

According to table 2, comparing the corporal self-concept, there is a significant difference between the obese members of the anonymous overeaters group and the obese clients of the nutrition clinics.
In the various psychological functions can be observed. But, according to the dominant traditions on the anonymous groups, there are just a few researches which have studied the effectiveness of these groups on the self-concept parameter of the obese people who are the members of the anonymous group overeaters and the obese clients of the nutrition clinics in Tabriz. Comparing the quality of life of OA groups with the quality of life of obese clients of nutrition clinics, the difference was statistically significant. Consequently, we could be 99% sure that there is a significant difference between the quality of life of the obese members of OA groups with the quality of life of the obese clients of nutrition clinics. Therefore, the members of anonymous overeaters group had a greater quality of life than the nutrition clinics clients. Studying the literature of quality of life of obese people, many researches indicate that overweight has a negative effect on the quality of life [10]. Mental health, psychological performance, rehabilitation, and compatibility are closely involved with quality of life [5]. Studies on the relationship between greedy overeating and quality of life have indicated that the people who suffer from overeating disorder enjoy an unfavorable quality of life. As quoted from Ojden, a significant damage to their psychological functions can be observed. But, according to the dominant traditions on the anonymous groups, there are just a few researches which have studied the effectiveness of these groups on the various psychological aspects. Bramer [9] observed that 90 percent of the people in QA group stated that they have positively changed in the social, occupational, emotional, and intellectual aspects. Anyway, it is worth mentioning that quality of life in the people who participated in the group sessions of QA and made the sample of this research significantly differs with the quality of life of the nutrition clinics clients. It seems that these groups could decrease their weight by the traditions dominant on them, and the result is the high score of individual in the quality of life micro scales. This increase in the scores could be attributed to active and sympathetic participation in the overeaters group, because a set of people who suffer from similar problems have different degrees of experience who attempt to cause positive changes collaboratively with the same goal. It seems that mechanisms during which some changes occur to quality of life are the observational learning, plat forming which are provided for the members of the group.

Through investigating the rational, temperament, social aspects of self-concept which consist the other hypotheses of the research, no significant statistical difference was observed among QA clients and nutrition clinics. In this case, due to the lack of researches which investigated effectiveness or ineffectiveness of these two treatment approaches, this lack of difference could not be attributed to the lack of effect or the effectiveness of the two groups. The review of literature studies the bad effects of obesity on self-concept in which some researches show that obesity damages individuals’ self-concept and restricts their efficiency at workplace and various social positions. However, there are some other researches which have adverse results. Golparvar et al [5] stated that overweight in women who introduced themselves to the centers of weight decrease did not have a significant relationship with self-confidence, life-style, general self-body, and fitness assessment. This finding is consistent to Strelan et al [17] and Mornen et al findings. Through these findings, we can point to the findings of some researchers such as Robin Schtain and Grogan. According to these researchers, there is a relationship between overweight and self-confidence reduction. Though the present research has not measured the relationship between self-concept and overweight, since self-confidence also includes self-concept, it could be concluded that, first, inconsistent findings make it impossible for the researcher to give valid comments on the relationship between obesity and self-confidence and self-concept variables. Second, lack of research on the effectiveness of nutrition clinics and anonymous overeaters groups on self-concept made it necessary to do more researches on the issue. On the other hand, self-helping groups show no tendency to externally evaluate their programs.

Table 2: The comparison of self-concept parameter of the obese people who are the members of the anonymous group overeaters and the clients of nutrition clinic.

<table>
<thead>
<tr>
<th>Statistic index group</th>
<th>Number</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Value t</th>
<th>Freedom degree</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous overeaters</td>
<td>30</td>
<td>29.76</td>
<td>9.3</td>
<td>58.4</td>
<td>58</td>
<td>0.001</td>
</tr>
<tr>
<td>Nutrition clinic</td>
<td>30</td>
<td>30.25</td>
<td>34.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to table 2, it could be concluded that the value $t$ 58.4 with the freedom degree 58 is greater than the critical value 39.2. Hence, we can be 99% sure that our hypothesis based on the difference between the patients who are the members of the anonymous overeater patients and the patients who are the members of the nutrition clinics is approved ($p<0.01$). As the result, the members of the anonymous overeater group have a greater self-concept than the obese clients of the nutrition clinics.

Comparing the social, temperament, and rational aspects of self-concept, a significant difference was seen between the obese members of the anonymous overeaters group and the obese clients of the nutrition clinics ($p<0.01$).

Discussion and result:

This research project was conducted to compare the quality of life and different aspects of self-concept for the obese members of the anonymous overeaters group (OA) and the obese members of the nutrition clinics in Tabriz. Comparing the quality of life of OA groups with the quality of life of obese clients of nutrition clinics, the difference was statistically significant. Consequently, we could be 99% sure that there is a significant difference between the quality of life of the obese members of OA groups with the quality of life of the obese clients of nutrition clinics. Therefore, the members of anonymous overeaters group had a greater quality of life than the nutrition clinics clients. Studying the literature of quality of life of obese people, many researches indicate that overweight has a negative effect on the quality of life [10]. Mental health, psychological performance, rehabilitation, and compatibility are closely involved with quality of life [5]. Studies on the relationship between greedy overeating and quality of life have indicated that the people who suffer from overeating disorder enjoy an unfavorable quality of life. As quoted from Ojden, a significant damage to their psychological functions can be observed. But, according to the dominant traditions on the anonymous groups, there are just a few researches which have studied the effectiveness of these groups on the various psychological aspects. Bramer [9] observed that 90 percent of the people in QA group stated that they have positively changed in the social, occupational, emotional, and intellectual aspects. Anyway, it is worth mentioning that quality of life in the people who participated in the group sessions of QA and made the sample of this research significantly differs with the quality of life of the nutrition clinics clients. It seems that these groups could decrease their weight by the traditions dominant on them, and the result is the high score of individual in the quality of life micro scales. This increase in the scores could be attributed to active and sympathetic participation in the overeaters group, because a set of people who suffer from similar problems have different degrees of experience who attempt to cause positive changes collaboratively with the same goal. It seems that mechanisms during which some changes occur to quality of life are the observational learning, plat forming which are provided for the members of the group.
Conclusion:
Through this project and based on the discussions and results, the research hypotheses were approved. In addition, there is a significant difference between corporal self-concept and obese members of anonymous overeater’s group quality of life and the members of nutrition clinics. However, there was no significant difference between social, moral, and rational self-concept of obese members of anonymous overeaters’ groups and the members of nutrition clinics.

Regarding the relationship between corporal self-confidence among the members of anonymous overeaters and the clients of nutrition clinics clients, there was a significant difference. It could be said that the members of anonymous overeaters have a more favorable corporal, health, appearance, and physical self-concept than the clients of nutrition clinics. This finding could be explained according to the probable effectiveness of these groups and the collective reinforcement. As it was mentioned above, scarce researches have been conducted on the evaluation of self-helping groups and obtaining consistent and inconsistent researches on these findings is impossible.

REFERENCES