

Social Intelligence Effect on Binge Eating Disorder

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Abstract

As we have a common saying that man is a social animal and he always needs a society, company or social interaction to live a happy life. And this interaction directly or indirectly affect the behaviour of individual. Social intelligence is the capacity to know oneself and others and it is developed from the experiences in the social settings and which can help in preventing various disorders such as sleeping disorder, eating disorder, anxiety, depression, stress, personality and etc. There are some factors which influence social intelligence such as traumatic situation like sexual abusing, social pressure, socioeconomic status, education status, environment, relationship with others, personality and so on. Binge eating disorder is the compulsive overeating or consuming lot amounts of food without having any control on self. Binge eating disorder can be affected by some components which are genetics, psychological and social and cultural like stressful life events, phobia, depression, negative feeling, bullying due to weight, availability of food, boredom, low self-esteem, feeling of inadequacy and loneliness. The purpose of the research is to find out that is social intelligence have any effect on binge eating disorder. The total sample of 120 was collected and it is parted between high social intelligence and low social intelligence with the help of extreme group analysis. 60 males and females were also taken as a sample. 2X2 factorial design was made for this study. Purposive sampling was used in the research and age group was 18-25 adult. In this research independent variable is social intelligence (High and low) and gender (male and female). Binge eating disorder was taken as dependent variable. Two questionnaires have been taken that are Social Intelligence Scale (1986) by N.K Chadha & Usha Ganesan and Binge Eating Scale (1982) by J Gormally et.al. The statistical analysis of data has been done by mean, standard deviation (SD), standard error of mean (SEM) and ANOVA for result. The research has revealed there is significant effect of social intelligence and gender on binge eating disorder.

Keywords : Social Intelligence, Binge Eating Disorder, Happy Life, Behaviour, Social Setting.

Introduction

An individual is encircled by people whether they are family member, neighbour, friends and colleagues. An individual needs other people for living happy life as it directly or indirectly is connected with the fulfilment of various psychological needs. A person is surrounded by group of people whether he wants to be a part of that group or not. There is social interaction among people directly or indirectly. Usually social interaction takes place in society. A society setting might affect emotion, behaviour and mood. Social interaction and society behaviour plays a significant role in individual's social intelligence, personality, behaviour, thoughts, emotion and every aspect of the individual.

Social intelligence is the ability to understand oneself and others. This intelligence is learned. Social intelligence is obtained by experience in social situation like social awareness, responsibility, success and failure, experiencing emotion, working with others, decision making and etc.

The original terminology and definition was given by Edward Thorndike and it was "the ability to understand and manage men and women and boys and girls, to act wisely in human relations." (Wikipedia). Psychologists, Nicholas Humphrey believes that it is social intelligence that defines who we are as humans. It mainly develops with the experiences through other people and also from failures and success in social settings. People with high social intelligence have very good social expressiveness skills. They can easily adapt at learning how to play different social roles, they are excellent listeners and they efficiently analyse what makes people tick by paying attention to what they are saying and how they are behaving.

Binge eating disorder (BED) is a basic eating disorder. It is generally called as compulsive overeating or consuming abnormal amounts of food. In this individual are unable to control self by eating and a loss of control and feels distressed during or after eating. It takes place approx. minimum twice per week for six months duration.

Binge eating disorder was explained first in 1959 by Albert Stunkard, a psychiatrist and researcher and termed as a night eating syndrome. In BED

person can gain normal weight often it leads to obesity. The negative feeling enforces to continue abnormal eating. It can occur in men and women and in research it is found that they struggle with emotions of disgust and guilt and often have a related co-morbidity, such as depression or anxiety.

Review of Literature

Raj Gnainaiyah (2019) investigated differences between obese individuals with a binge eating disorder (BED-O) and obese individuals without a binge eating disorder (Non-BED-O). the research focussed on various variables that are global emotional intelligence traits & dimensions, the engagement in overeating behaviour i.e. emotional, external and restrained eating, and the engagement in different coping styles. The mass sample was 109 individuals who were taken from a diabetic clinic in Wales. Result revealed that BED-O and Non-BED-O participants did not differ on global emotional intelligence scores, although there were some differences on certain constructs and dimensions of emotional intelligence.

Una Foye (2019) studied the role of emotional intelligence on disorder eating psychopathology. There were 355 participants who completed the Schutte self-report emotional intelligence test and the eating attitude test. The design used was cross-sectional. The results found that individuals with high emotional intelligence had significantly lower disordered eating attitudes while those with low emotional intelligence had significantly higher levels of disordered eating attitudes.

Yongzhan Li (2018) examined the relationship between emotional intelligence, social anxiety and eating disorder risk among adolescents in China. The sample was of 784 high school students. The questionnaire used was Body mass index, Eating attitude test, Wong & law emotional intelligence scale and Liebowitz social anxiety scale. Descriptive statistics, analysis of variance & hierarchical regression have been used. Research resulted that adolescent's emotional intelligence, their social anxiety and eating disorder risk, gender, grade & body size all had main effect on social anxiety & eating disorder risk. There were interaction effects both between gender & grade, and between gender and body size.

Krisna Patel et al. (2016) explored the social functioning of 17 inpatients aged 12-17. An opportunity sampling was used and qualitative research was done. Data was analysed using thematic analysis. A six variables were identified that are group belonging, self-monitoring, social sensitivity, impact of hospitalization, limited coping strategies, strategies for service provision. The result found that adolescents with eating disorders reported social difficulties. They face social difficulties to persist over and above in typical setting.

Leehu Zysberg & Einav (2013) studied two hypothesis firstly was, emotional intelligence will positively associate with perceived control and secondly, perceived control will associate positively with anorexia & negatively with bulimia symptomatology. 130 sample was taken and questionnaire were made filled up online by sample. Sample size was taken from Israel. Eating disorder inventory II (Gardener, 1991), Perceived control scale (Hobfoll & Walfish, 1984), the audio-visual test of emotional intelligence (Zysberg et al., 2011), The Schutte emotional intelligence scale (Schutte et al., 2011) were used. The result partial supported emotional intelligence showed a nonlinear association with control, nonlinear association with anorexia scores, positive association with bulimia scores.

Emily B. Ansell et al. (2011) examined the interpersonal model of binge eating which posits that interpersonal problems lead to negative affect which turn into disordered eating. The model has been tested by taking sample of 350 women & assessment was done through internet. Interpersonal problems showed significant effects on binge eating and eating disorder psychopathology that were statistically mediated by depressive or negative affect & affiliation had significant effects on binge eating and eating disorder psychopathology.

Michele L. Pettit et al. (2010) examined the relationships between perceived emotional intelligence factors and eating disorder symptoms among college students taken as male & female. Sample size was 418. Online survey was completed by sample and Trait meta-mood scale & eating attitude test were taken. Result revealed that gender differences in eating disorder

symptoms and indicate that low levels of perceived emotional intelligence (clarity & repair) are connected with greater risks for bulimia or food preoccupation.

Striegel Moore et al. (2009) studied gender differences in prevalence of eating disorder incorporate body image concerns, binge eating, & inappropriate compensatory behaviours. A random sample of members ages 18-35 years were taken to complete a survey by mail or online. Patient Health Questionnaire and The Body Shape Questionnaire were used in study. 3,714 women and 1,808 men have answered & men were reported overeating whereas women supported loss of control during eating. Although, statistically observed that women significantly more likely than men to report body checking and avoidance, binge eating, fasting and vomiting.

Charlene Boyd (2006) resulted that there is a negative correlation between eating disorders and emotional coping mechanisms, a factor of emotional intelligence. 157 samples were taken from college and all participants were female. This study was designed to discover if women who have a history of eating disorders resemble women who report current or past history of eating disorders & women with current eating problems. Result was found that women had a history of eating problems were similar in control group on most calculate.

Methodology

Objectives

- 1) To study the effect of Social intelligence on Binge eating.
- 2) To study the effect of gender on Binge eating.

Hypotheses

- 1) There is no effect of Social Intelligence on Binge eating.
- 2) There is no effect of gender on Binge eating.

Sample

The total sample of 120 was collected and it is parted between high social intelligence and low social intelligence with the extreme group

analysis. And also gender was taken in consideration. Purposive sampling was used in the research and age group was 18-25 adult. Two questionnaires have been taken that are Social Intelligence Scale (1986) by N.K Chadha & Usha Ganesan and Binge Eating Scale (1982) by Gormally et al.

Design

Table 1 : 2x2 Research Design

Groups	High Social Intelligence	Low Social Intelligence	Total
Male	30	30	60
Female	30	30	60
Total	60	60	120

Variables

Independent Variables

1) Social intelligence

- High

- Low

2) Gender

- Male

- Female

Dependent Variable

1) Binge eating disorder

Exclusion Criteria

1) Rural sector

2) Children and old age

Inclusion Criteria

1) 18 to 25 years youth

2) Males and females

3) Urban sector

Statistical Analysis

To analysis data which was obtained using questionnaire for that statistical analysis was used which are mean, standard deviation (SD), standard error of mean (SEM) and t test.

Result and Discussion

Table 2 : Mean, SD, SEM & T-test of Binge eating disorder among Social Intelligence Group (High & Low)

Group	Mean	SD	SEM	T test
High Social Intelligence	35.4	5.87	0.75	9.62
Low Social Intelligence	10.18	4.62	0.59	

Source : Field Data (Sig. at 0.05 level)

Table 2, shows the Mean, SD, SEM and T-test of binge eating behaviour among high social intelligence and low social intelligence. There was a significant difference found between high and low social intelligence in reference to binge eating disorder. The people who is having high social intelligence are more social interactive. They love to be around people so, they are hardly spent time alone. In low social intelligence people, they don't like to be with people. They feel conscious when some people are around them. In that case they are alone and engage themselves in food eating and it becomes their daily routine. They get used to have food frequently and this habit leads to Binge Eating Disorder. High social intelligence people concern about society and relationship and they maintain their relationship but it doesn't care about relationship weather they are family member or peer. Owing to this reason, they love to hang out with others. Low social intelligent people don't have patience so they are unable to cope up in the social setting. Binge eating is also associated with the unpleasant feelings and emotions. Low social intelligence has low tactfulness and recognition of social environment. This behaviour is not acceptable by others. People avoid that kind of people which leads to the frustration among individual. So, they indulge themselves to eat more and eat fast. Low social intelligence people

are not having ability to understand social environment so they face negative situation. Sometimes, that situation is hard to tackle. To come out from that situation, and to revive resilience an individual eats large amount of food without having any sense that it can affect negative to his body.

Table 3 : Mean, SD, SEM and T-test of Binge eating disorder among Gender (Male & Female)

Group	Mean	SD	SEM	T-test
Male	22.58	13.27	1.71	0.43
Female	23	14.24	1.71	

Significant at 0.05 level

Source : Field Data

Table 3 Shows that there is significant difference in gender that is male and female in reference to binge eating which declares that our second hypothesis has rejected. So it can be said that gender affects the binge eating behaviour. A descriptive analysis has revealed that female have high binge eating disorder than male. There is quite small differences among males and females but it occurs. Some females are involved in their household work, and by this they spend time at home and they have no regularities or we can say schedule of the time of eating and when they get time they mostly binge eat. When a critical condition or a situation which is not bearable mostly males don't reveal their emotion & reaction but as females are found to be more emotional they react by eating and some of the common reason is to neglect that situation is favourite food is taken by them. Females reported that they often feel unable to control that what they are having and how they are having. Some of females think that food should not be wasted and if it's not consumed by other family members it's better to eat by herself. It starts binge eating behaviour. Here prevalent reason of binge eating disorder are to avoid checking body weight and lack of awareness about eating disorders.

Conclusion

High Social intelligent people were found to have less binge eating behaviour and low social

intelligent people have more binge eating behaviour.

Females were found to be engaged in more binge eating behaviour as compared to males.

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