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THE PSYCHOLOGY OF EATING

Chairman: PROFESSOR REX KNIGHT, Department of Psychology, University of Aberdeen

Chairman's Opening Remarks

By REX KNIGHT, Department of Psychology, University of Aberdeen

Contemporary research into the psychological aspects of eating illustrates five of the main features of contemporary psychology in general.

First, in the study of the experiences and behaviour involved in eating, as in all other branches of psychology, anecdote and unverified speculation have given place to controlled observation and experiment. This is illustrated by the work of Wolf & Wolff (1947), the earlier work of Cannon (1915) and many other studies, such as those reviewed by Roberts (1935).

Secondly; it is now recognized that likes and dislikes in food, and the psychosomatic aspects of digestion, are partly influenced by the unconscious factors present in all thought and behaviour, and, for example, that among adults, as well as children, an aversion from food is often an indirect, displaced aversion from something, or someone, else. Examples of this approach are to be found in Alexander & French (1948) and in Cobb (1950).

Thirdly, contemporary investigations into the relation of varieties of temperament to varieties of physique all take account of attitudes to eating, as in Sheldon & Stevens's (1940, 1942) description of the 'viscerotonic endomorph' as one in whom 'the digestive tract is king'.

Fourthly, the current emphasis on the influence of social factors on all our thoughts and actions is reflected in the stress laid on the influence of culture-pattern, group-dynamics and other social forces on eating habits. Exemplifying this interest are the investigations of Benedict (1935), Mead (1939) and Jaques (1948).

Fifthly, in the study of eating, as everywhere else in modern psychology, behaviour, mental processes and other psychological phenomena are being increasingly linked to the endocrinological, neurological and other physiological mechanisms that underlie them. Thus, reference may be made not only to the work of MacLean (1950), Masserman (1942) and many of the authors referred to above, but also to the papers that follow by Kennedy (1953) and by Walker (1953).

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Psychiatric Implications of Disturbances of Eating and Nutrition

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Disturbances of gastro-intestinal function and of nutrition are to be found as a cause of, a correlate with or a consequence to almost every form of psychiatric disorder, from transient neurosis to deep-seated and long-standing psychosis. The complex of processes that we call alimentary includes appetite, hunger, taste, smell, sucking, chewing, biting, salivation, digestion and elimination. Since these processes are all innate and vital, persisting throughout the life of the individual, we may expect them to enter into acquired processes of behaviour, to undergo complex elaboration and symbolization, to form a substrate of memory and to be superimposed upon many other activities of the human organism. Consequently it is not surprising to find that disorders of feeding are, as it were, first cousins to nervous disturbance.

This relationship is illustrated most simply in such conditions as vitamin deficiency, where the condition is easily recognized and treated. More commonly, however, the relationship is much more complex and obscure, the problem being concerned rather with the inner significance of feeding than with the quality of the food. This inner significance is both emotional and symbolic.

Of the more common varieties of eating disturbance encountered in psychiatric practice anorexia is perhaps the most frequent and is encountered in states of depression, in involutional melancholia, in some forms of psychoneurosis and behaviour disorders (especially in children) and in anorexia nervosa. Anorexia may take the form of loss of interest in food, desire for starvation and death, disgust and repulsion towards swallowing solids or fear that food will choke the bowels. Food fads in children and adults are of extraordinary variety, developing in some individuals into a way of life, such as vegetarianism. Dietetic rituals are encountered in the obsessive-compulsive neuroses. Food fears are seen in the phobic