



Relationship Between Stress And Eating Disorders

Fatima Shoeb, Dr. Kumar Ashutosh

Student, Associate Professor
School Of Liberal Education,
Galgotias University, Greater Noida, India

Abstract: Compulsive behaviours such as overeating and bingeing might risk a person's life in the case of an eating disorder. Stress in medical school has been linked to an increased chance of developing an eating issue, according to prior research. Medical students were recruited to participate in a study to examine the link between stress and eating problems. Eating disorders and stress will be studied via the use of a questionnaire approach. The majority of medical professionals were suffering from high levels of stress, and there was a concerning rise in the incidence of eating disorders among them. As a matter of fact, based on our findings, there seems to be no link between stress and the likelihood of having an eating problem. To be sure, this mustn't be wholly ignored either. Medical students should be educated about the dangers of eating disorders and its repercussions.

Keywords - Eating Disorders, Stress, Medical Undergraduates, Cross-Sectional, etc.

CHAPTER 1: INTRODUCTION

A person's physical and mental health may be seriously harmed by eating disorders, which are characterised by either inadequate or excessive food consumption. A mental illness [1] is what's causing *it*. Anorexia nervosa, bulimia nervosa, and binge eating disorder are all forms of eating disorders. Excessive weight loss, aberrant eating habits, and malnutrition are all symptoms of anorexia nervosa. Overeating, followed by self-induced vomiting or laxatives, is the hallmark of bulimia, which is typically accompanied by feelings of guilt or melancholy as well as an unhealthy obsession with food. One of the most common causes of bingeing is negative thoughts about one's own appearance or self-esteem, but there aren't any periods of compensatory behaviour such as self-induced vomiting, laxative use, fasting or lengthy exercise in between bouts of binge eating[2].

Since the 1950s, the number of new cases of eating disorders has been steadily rising [3]. Eating disorders were not studied in any depth in Malaysia. One percent of the population suffers from anorexia and three percent suffers from bulimia, according to estimates. Anorexia nervosa is more common in early adolescence, whereas bulimia nervosa is more common later in life. In light of these findings, eating disorders are thought to be frequent among students. People who have eating disorders have a wide range of symptoms due to a variety of interrelated and intergenerational variables [5, 6]. Students' lifestyles and eating habits are heavily influenced by stress. Mental or emotional strain or tension may be caused by long-term exposure to stressful events [6]. A significant amount of stress has been

observed to be experienced by university students in studies [6] - [13], particularly by those in their undergraduate university courses. Academic pressure and time management are two of the most common causes of stress for undergraduate university students [13].

According to the data, stress not only impacts an individual's health via direct physiological processes but also by altering behaviours that influence health, such as a shift in eating habits. Stressed people may be more likely to eat high-calorie and high-fat foods, which may lead to weight gain and obesity [14] [15], according to certain research. The link between psychological stress and eating habits has also been widely accepted by scientists throughout the globe [17]. There was a wide range of results. Hyperphagia and hypophagia have been demonstrated to help people deal with stress [18] and [19]. Other than the quantity of food consumed, psychological stress had an impact on the sort of food consumed. Students who are under stress eat more snack foods, convenience meals, and sweets, while they prefer to ignore healthful foods like vegetables [19] [20] [21]. Stress has been linked to a wide range of hazardous behaviours, including excessive drinking and smoking, as well as poor sleep and food patterns [22]. In order to investigate the incidence of eating disorders and the relationship between socioeconomic demographic features, stress, and eating disorders among medical students in private medical colleges, we conducted a research.

What is the connection between stress and eating disorders?

Unfortunately, no matter how hard we try, stress will always be a part of our daily lives. People who are at risk of having an eating problem may experience an increase in their emotions as a result of increased stress. As a result of the production of the stress hormone cortisol in our bodies, we notice an increase in our respiration and pulse rate. Stress may affect our sleep, digestive, cardiovascular, and immunological systems if it persists. Stress and anxiety may be exacerbated by a variety of social and environmental variables, such as the pressure to achieve an ideal figure or cruel or sarcastic remarks. In the absence of a constructive release, the stress cycle might persist as sentiments increase. A person with an eating disorder may resort to self-injurious behaviours such as restricting food intake, purging after meals, or binge eating in response to stress. It's well-known that stress may lead to an eating problem, but it can also lead to an eating disorder. A person's health may be seriously harmed by an eating problem, but it can also worsen their mental health. Stress levels might rise as a result of constant anxiety, poor self-esteem, and despair as a result of obsessing about food and weight. Separation and secrecy are common symptoms of an eating problem and may act as catalysts for self-destructive behaviour. People who suffer from an eating problem may put on a brave front or maintain a "everything is fine" attitude in order to conceal their illness. Anxiety and stress levels rise as the battle to conceal an eating issue gets more difficult.

CHAPTER 2: LITERATURE REVIEW

Physical and Psychological Problems Associated with ED's

Because of the high incidence of all three types of eating disorders, it is critical to comprehend the difficulties that those who suffer from them will face. Psychological, behavioural, and physical complications accompany all forms of eating disorders. According to the NEDA study (2006), even if a person has one of these illnesses, he or she may also show signs of the other conditions. These health issues, both physical and mental, may become life-threatening if left addressed.

Symptoms of a physical illness. Hair loss, brittle nails, irregular periods, and anorexia-induced menstrual cycles are the most prevalent physical manifestations of the illness (Arnold et al., 2002). Anorectic people don't eat enough to keep their bodies healthy, thus their metabolism slows down as a result (Walsh & Devlin, 1998). The risk of cardiac complications rises when the heart rate and blood pressure fall. Swollen cheeks, bruised fingers, dental issues, and esophageal tears are all common among bulimics due to the constant vomiting (Desai, Miller, Staples, & Bravender, 2008). The recurrence of binge and purge cycles may lead to a chemical imbalance in the digestive tract. The heart and other essential organs might be affected by the imbalance (Desai et al.). BED's physical manifestations, such as high blood pressure, high cholesterol, renal disease, bone degeneration, and perhaps cardiac

problems, such as heart attacks, are less obvious but may be just as serious (Desai et al.). Obesity is more common in those with BED, and this, in turn, raises triglyceride levels, raising the risk of heart disease.

Problems with the mind. An obsessive obsession with food and weight may lead to eating disorders, but evidence suggests that these hazardous illnesses are more than merely improper eating habits (Whiteside et al., 2007). Bulimia, according to others, was only a symptom of a more troubling underlying problem: an unstable environment and troubling emotional states (Whiteside et al., 2007, p 23). In other words, eating disorders may be caused by a confluence of behavioural, emotional, and psychological variables (Whiteside et al., 2007).

Predictors Associated with Eating Disorders

Stress. Many parts of one's life are affected by stress, including one's relationships with others, one's job, and one's family (Troop, Holbrey, & Treasure, 2006). Stress and anxiety may have a negative impact on an individual's ability to cope with the stresses of daily life. People may perform well when their bodies' stress response is working properly, but when stress is too much, the body overreacts (Corcoran & Franklin, 2002), which can lead to health problems including heart disease, depression, and even digestive system imbalances (Daley, Jimerson, Heatherton, Metzger, & Wolfe, 2008). Chronic stress may lead to psychological issues if there is no way out of the situation. Anorexia nervosa, bulimia, and binge eating disorders have all been linked to stress, according to McLean, Miller, and Hope (2007) of the University of Southern California. Anorectic patients were reported by Swinbourne & Touyz (2007) to be suffering from chronic stress in 25 to 75 percent of their participants. Before being diagnosed with an eating problem, Cooley and Toray (2001) found that 63% and 57% of their subjects reported having experienced significant levels of stress. Participants in the research admitted in individual interviews that their ED was a reaction to the high amounts of stress they had experienced (Cooley & Toray, 2001). An increase in stress has been linked to life transitions like starting college. Findings from previous study suggest that college students may be at risk for developing eating disorders if they report high levels of stress.

College students are generally portrayed as having a lot of freedom and having a good time. They eagerly anticipate new experiences, challenges, and a respite from parental supervision. However, this is not the case for all pupils (Vohs, Heatherton, & Herrin, 2001). An eating problem may develop in students who are unable to adjust to a new and more demanding environment (Cooley & Toray, 2001). A student's ability to cope with the transition and social pressures might increase the likelihood that one or more habits will develop into an eating problem (Trautman, Worthy, & Lokken, 2007).

Depression and low self-confidence. As a group of symptoms ranging from moderate to severe, depression might be characterised as a daily deprivation of happiness (Sawdon, Cooper, & Seabrook, 2007). Dysthymia may also heighten a person's sense of helplessness and despair (Schumaker, Warren, Carr, Schreiber, & Jackson, 2005). Low self-esteem and depression often coexist side by side. Poor social skills, for example, may lead to poor self-esteem and, eventually, depression if not addressed.

CHAPTER 3: METHODOLOGY

Objectives of the Study

To know about the relationship between eating disorders and stress amongst people.
To collect the perspective of the people regarding the relationship with the help of these criteria.
To analyze the aspects of the relationship between them and also finalize the Relationship.

Research Methodology

The survey questionnaire method has been taken into consideration for getting the perspective of the customer about their perspective on the aspects of the relationship between eating disorders and stress. The questionnaire was distributed with the help of the internet because of the pandemic situation and the restrictions which are imposed in accordance with the situation. After the distribution of the questionnaire, people were asked to give an honest response. A random sampling method has been used to sample the people who are using these two brands as their smartphone brands. The perspective of any other brand user has also been considered, it in one of the questions which were mentioned in the questionnaire. After the collection of responses, responses have been stored in a tabular form with the usage of Microsoft Excel. After distortion of tabular form non-completed responses and irrelevant responses have been removed and only relevant and complete responses have been taken into consideration. After the responses has been collected, then it has been further moved towards the data analysis for Part for knowing the percentage of people choosing the different perspective of brands and different aspects. After the collection of the responses, interpretation has been made in accordance to the response and that analysis, further findings have been convicted and then in accordance to the complete responses and findings which were convicted, the conclusion has been made of this particular report.

Tools Used

The tools that have been taken into consideration for performing the analysis of the data collected with the help of a questionnaire are:
Microsoft Excel
Normal calculation method

Research Design

The main design of the research has been made in such a way which will be convicting the perspective of people about the relationship between eating disorders and stress. The questionnaire has been made in such a way that will be convicting and exact perspectives of the people will be extracted out from the minds of the people.

Type of Data

Primary data has been taken into consideration for the purpose of analysis which has been collected with the help of a questionnaire that was distributed with using digital platforms to different areas for respondents. In further these responses has been collected. The collection of responses has been further analyzed with the help of an analysis tool.

Sampling Technique

The random sampling method has been taken into consideration for choosing the sampling for answering the questions that were plated in the questionnaire.

Sample Size

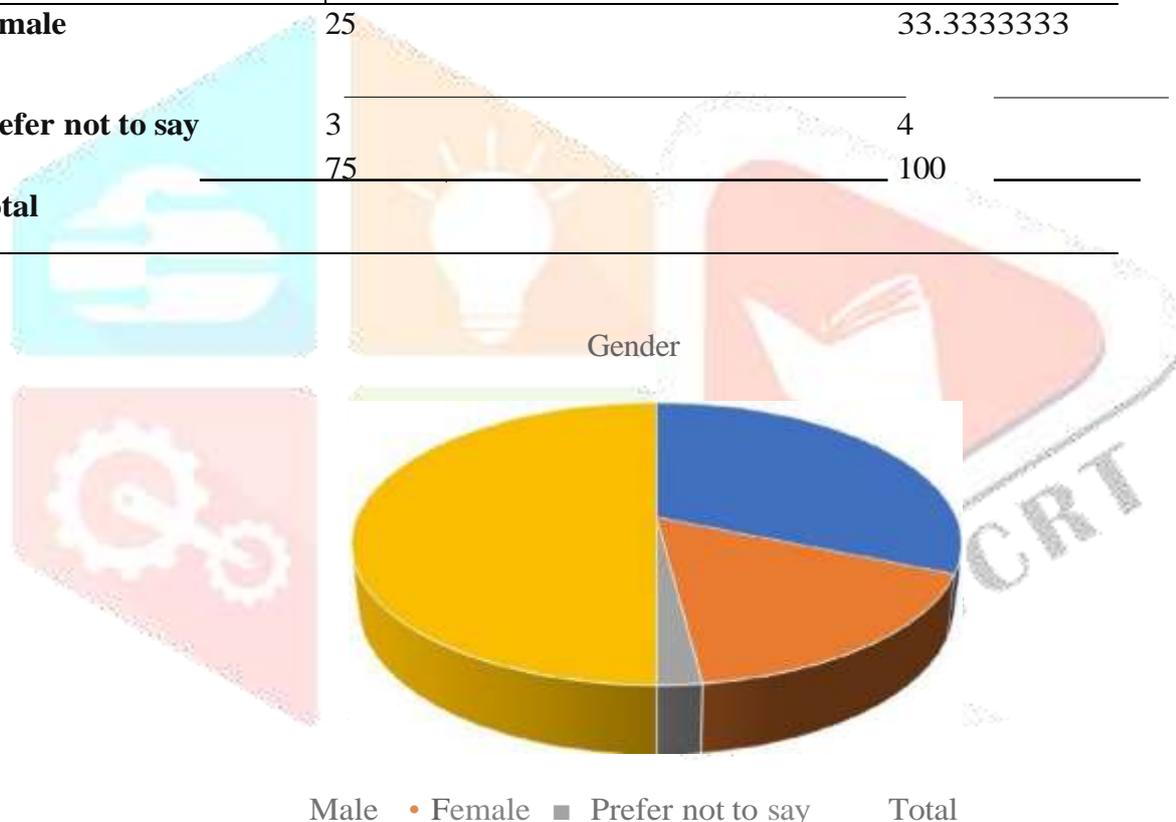
75 people have been selected for answering the questionnaire and responses has been collected for those people and used for the purpose of data analysis.

Analysis Tools

For the calculation of the primary data analysis, normal excel calculations has been used and other data analysis has been done with the help of Microsoft Excel tabular and chart form. All the data has been represented in the chart form for the prospects of analysis.

CHAPTER 4: DATA ANALYSIS

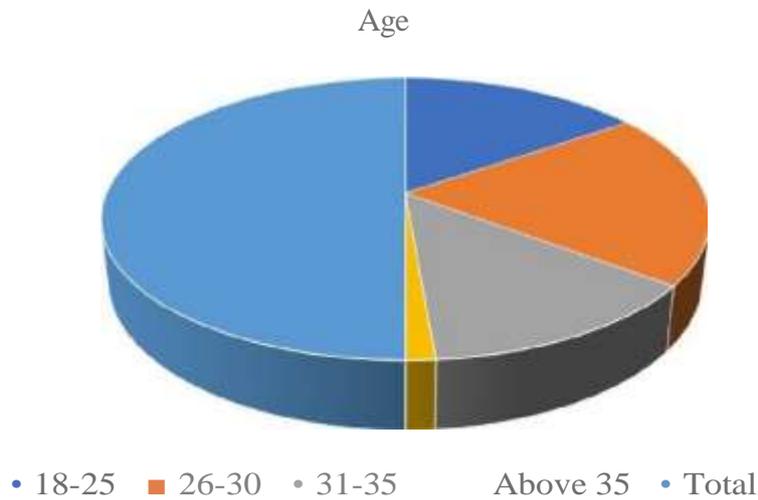
Gender		
	Number of respondents	Percentage
Male	47	62.6666667
Female	25	33.3333333
Prefer not to say	3	4
Total	75	100



INTERPRETATION

In accordance with the data majority of the people were male in gender.

18-25	23	30.66666
26-30	30	40
31-35	20	26.666666
Above 35	2	2.6666666
Total	75	100

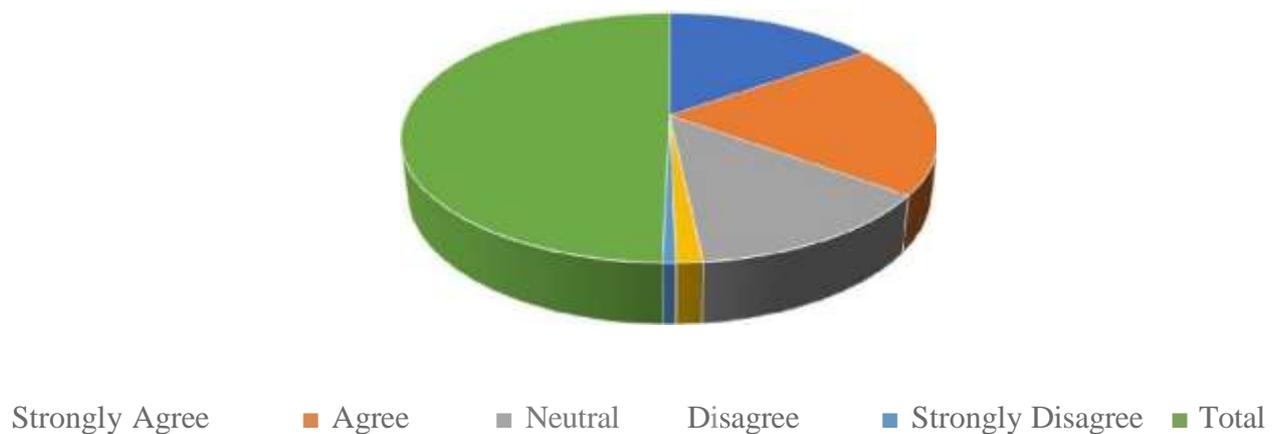


INTERPRETATION

In accordance with the data shown a maximum number of people are falling under 26-30 years of age.

Eating disorders and stress is having a relationship between them?		
	Number of respondents	Percentage
Strongly Agree	23	30.6666667
Agree	30	40
Neutral	20	26.6666667
Disagree	2	2.66666667
Strongly Disagree	1	1.33333333
Total	75	100

Eating disorders and stress is having a relationship between them?

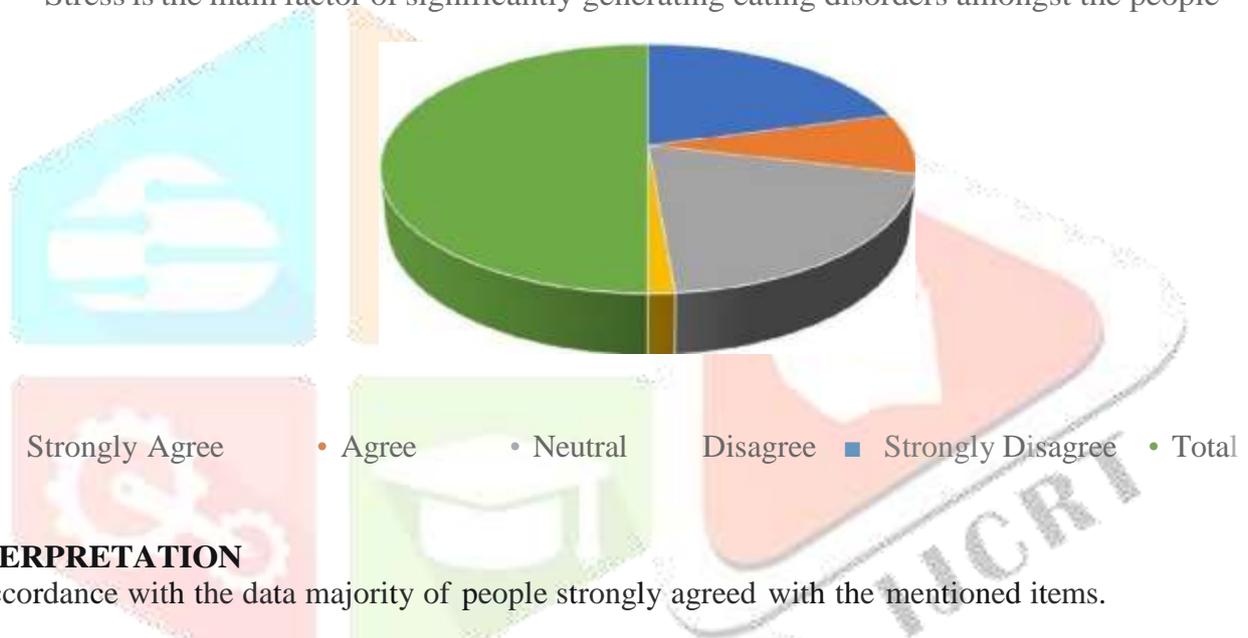


INTERPRETATION

According to the data majority of the people agreed for the mentioned item.

Strongly Agree	31	41.33333333
Agree	12	16
Neutral	30	40
Disagree	2	2.66666667
Strongly Disagree	0	0
Total	75	100

Stress is the main factor of significantly generating eating disorders amongst the people



INTERPRETATION

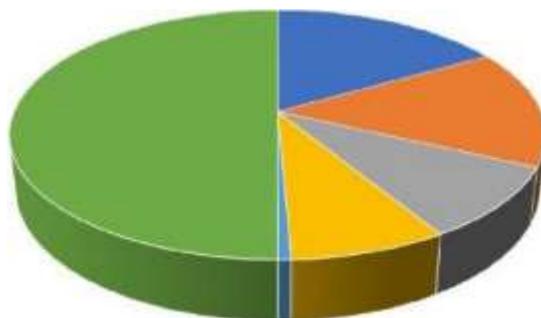
In accordance with the data majority of people strongly agreed with the mentioned items.

Eating disorders are the criteria which continuously sustain the relationship with stress in the body	
Number of respondents	Percentage

Strongly Agree 33.33333333

Agree	23	30.66666667
Neutral	14	18.66666667
Disagree	12	16
Strongly Disagree	1	1.33333333
Total	75	100

Eating disorders are the criteria which continuously sustain the relationship **with** stress in the body.



Strongly Agree ■ Agree ■ Neutral • Disagree ■ Strongly Disagree ■ Total

INTERPRETATION

In accordance to the graph it is clearly shown that majority number of people strongly agreed for the fact that Eating disorders are the criteria which continuously sustain the relationship with stress in the body.

FINDINGS

In accordance with the data majority of the people were male in gender.

In accordance with the data shown a maximum number of people are falling under 26- 30 years of age.

According to the data majority of the people agreed for the mentioned item.

In accordance with the data majority of people strongly agreed with the mentioned items.

In accordance to the graph it is clearly shown that majority number of people strongly agreed for the fact that Eating disorders are the criteria which continuously sustain the relationship with stress in the body.

CHAPTER 5: CONCLUSION

Depression and low self-confidence. As a group of symptoms ranging from moderate to severe, depression might be characterised as a daily deprivation of happiness (Sawdon, Cooper, & Seabrook, 2007). Dysthymia may also heighten a person's sense of helplessness and despair (Schumaker, Warren, Carr, Schreiber, & Jackson, 2005). Low self-esteem and depression often coexist side by side. Poor social skills, for example, may lead to poor self-esteem and, eventually, depression if not addressed. Depression may then lead to an even greater incapacity to connect with others, resulting in a diminished sense of self-worth and self-confidence (Schumaker et al. 2005).

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