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A Gender Study on Emotional Eating among Young Adults due to Anxiety, Stress, Depression.

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ABSTRACT

Emotions have a powerful effect on our choice of food and eating habits . It has been found that in some people there is a deep relationship between Emotional eating and stress , depression , anxiety. Stress is a state of worry or mental tension cause by a difficult situation. Anxiety is a feeling of worries or uneasiness about something uncertain will happen. Depression is a feeling of severe dejection persistent sadness and loss of interest in activities accomplished by an inability to carry out daily activity. The present study aims to investigate the relationship between Emotional eating and its effect on stress , anxiety , depression . For this Standardized scale were used to measure Stress , anxiety and depression total sample of 60 were collected the age range from 20-30 years among young adults. The result found positive correlation between stress , anxiety , depression along with no significant difference found between males and females. Psychological distress is related with great risk for emotional eating . Finding coping mechanism for the negative emotions and nutrition education can prevent the prevalence of emotional eating .

KEYWORD: Emotional Eating, Depression, Anxiety, Stress, Males and Females

INTRODUCTION

Many of us just turn to food to release stress, reward ourselves, we don't always eat just to satisfy our physical hunger. Emotional Eating is described as fulfilling our emotional needs rather than our stomach. The truth is Emotional eating doesn't fix our emotional problem rather makes our physical health more worse.

Emotional eating also known as stress eating and emotional overeating, it is defined as the "propensity to eat in response to positive and negative emotions" While the term commonly refers to eating as a means of coping with negative emotions, it sometimes include eating for positive emotions, such as overeating when celebrating an event or to enhance an already good mood also along with emotional eating can be considered a form of disorder eating, which is defined as "an increase in food intake in response to negative emotions" and can be considered a maladaptive.

A study found that emotional eating sometimes does not reduce emotional distress, but instead it enhances emotional distress by sparking feelings of intense guilt after an emotional eating session. Those who eat as a coping strategy are at an especially high risk of developing binge-eating disorder, and those with eating disorders are at a higher risk to engage in emotional eating as a means to cope.

Escape theory suggests that people not only overeat to cope with negative emotions, but they find that overeating diverts their attention away from a stimulus that is threatening self-esteem to focus on a pleasurable stimulus like food, this also effects the physiological functioning.

The biological stress response may also contribute to the development of emotional eating tendencies. Corticotropin releasing hormone (CRH) is secreted by the Hypothalamus, suppressing appetite and triggering the release of Glucocorticoids from the Adrenal gland These steroid hormones increase appetite and, unlike CRH, remain in the bloodstream for a prolonged period of time, often resulting in Hyperphagia. Those who experience this biologically instigated increase in appetite during times of stress are therefore primed to rely on emotional eating as a coping mechanism.

Stress is a normal human reaction, human body is designed to experience stress and react to it. When you experience changes or challenges (Stressors) your body produces physical and mental responses which we call it as Stress. Stress responses help your body to adjust in new situations it can be positive, keep us alert, motivate us. It becomes a problem when stressors continuous without any period of relaxation and relief.

Anxiety involves a general feeling of apprehension about possible future danger, it is a diffuse blend of emotions that includes high level of negative affect, worry about possible threat or danger, and the sense of being unable to predict threat or control it if occurs. Anxiety Disorder are the most common form of emotional disorder show maladaptive and self-defeating behavior which are incoherent, dangerous and had no touch with reality.

Depression (major depressive disorder) is a common and serious medical illness that negatively affects our mood and feelings. It causes feelings of sadness or loss of interest in activities you once enjoyed the most. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home. It can affect all aspects of life, including relationships with family, friends and community. It can lead to problems

at school or at work. Depression is a intense feeling of hopelessness, loneliness, it can cause to anyone. Loss of loved one, severe losses or other stressful events are more likely to develop depression.

Depression is a common mental disorder. Globally, it is estimated that 5% of adults suffer from the disorder. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite. Tiredness and poor concentration are common. Depression is a leading cause of disability around the world and contributes greatly to the global burden of disease. The effects of depression can be long-lasting or recurrent and can dramatically affect a person's ability to function and live a rewarding life.

The causes of depression include complex interactions between social, psychological and biological factors. Life events such as childhood adversity, loss and unemployment contribute to and may catalyse the development of depression.

EMOTIONAL EATING

Our body need food to survive, eating lights up the reward system in the brain and make us feel better. Emotional eating is a negative way to cope with stressors.

A experiment was conducted by Martijin, Jansen and Furth (2009) to investigate whether there is a casual relationship between the suppression of negative emotion, negative mood and overeating in people with Binge Eating Disorder(BED) and increased of depressed people with binge eating disorder, to study this experiment 66 women were allowed to see a upsetting movie and asked few to supress their emotions and others to react naturally. The results found out that Binge Eating Disorder group are more affected by the negative mood and also consumed the most calories.

A research was conducted by Alibakhshi , Alipour , Farzad in the year 2016 to investigate the mediating role of Self- esteem , Emotional eating and Self control in attachment with Anxiety , Depression , Parenting style on Obesity and Overweight in Adolescent girls . Total sample of 440 students were taken and scales used on them was Depression Anxiety Stress Scale (DASS) , Barmrind Parenting Style questionnaire , Harry Self-esteem scale , Self-control scale , Inventory of parent and peer attachment (IPPA) and Emotional eating scale (EES). The results were found positive correlation between emotional eating style, obesity and negative correlation between parents , peer attachment and obesity . Hence , emotional eating plays a mediator variant between parenting style , anxiety and depression with obesity and over weight, self esteem plays a mediator variant between parenting style with obesity

STRESS

The first studies on stress was conducted in early 1950, where Hans Selye (1950) defined stress as "the non-specific response of the body to any demand."

Lazarus and Folkman (1984) proposed that stress occurs when people perceived that the demands from external situations were beyond their coping capacity. they definition "stress is the process of interaction from resolution requests from the environment (known as the transactional model)" is widely accepted.

Roz Brody and Diana Dwyer (2002) also defined stress as a state of physiological and physical tension produced, according to the transactional model, when there is a mismatch between the perceived demands of a situation (the stressor) and the individual's perceived ability to cope. The consequent state of tension can be adaptive or maladaptive.

A study was conducted by Tan and Chow (2014) on 345 young adults to examine the association between Stress and Emotional eating due to eating dysregulation and the study found that individual with poorer capability of being responsible to their internal signal of hunger lead to higher emotional eating.

A research was conducted by Bennett ,Greene , Schwartz -Barcott (2012) on college students to study weight gain due to stress during the period of graduation for that 8 males and 8 females undergraduate students were taken to understand student perception towards Emotional eating and stress . Weight related eating questionnaires were performed . The results found that females identify stress as the primary trigger for emotional eating frequently followed by guilt where as Males are primary triggered by unpleasant feeling such as boredom or anxiety turning to food as a distraction . However males were less likely to experience guilt after an emotional eating episode than females.

ANXIETY

Anxiety is the commonest psychiatric symptom in clinical practice and Anxiety disorder are one of the commonest psychiatric disorders in general population.

Anxiety is a "normal" phenomenon, which is characterized by a state of apprehension or unease arising out of anticipation of danger.

In ICD-10-CM(2023) An Anxiety disorder characterized by excessive and difficult-to-control worry about a number of life situation. The worry is accompanied by restlessness, fatigue, inability to concentrate, irritability, muscle tension, and /or sleep disturbance and last for at least 6 months. 'Neurotic', stress related and somatoform disorders have been classified into the following types:

1. Phobic Anxiety Disorder

2. Obsessive Compulsive Disorder

Barlow(1988,2002) The anxiety response pattern is a complex blend of unpleasant emotions and cognitions that is both more oriented to the future and much more diffuse than the fear.

The research was conducted by Breat, Vlierbergh, Mels(2008)among Overweight treatment seeker youngsters and non treatment seeker youngsters to examine the loss of control on overeating and the role of anxiety ,stress ,and emotional eating . The cross sectional study found that treatment seekers reported loss of control as comparative to non treatment seekers. Also study found that high anxiety indicate emotional eating and loss of control ,high depression indicate emotional eating only . Overweight treatment seeker found more loss of control and it may develop as a result of anxiety , obesity and also unable to cope with emotions. Treatment should be focused on teaching more effective coping strategies

A experiment was conducted by Schwinder, Appelhans, Whited, Oleski (2010) on 37 lean and 24 obese participants to study whether anxiety trait and anger trait are vulnerable to Emotional Eating for that counter balance three experimental sessions involving different mood inductions (neutral, anxiety, anger) participants were provided with snacks. Results found that high trait anxiety was positively associative with food intake for obese individual but not for lean participants where as anger trait was not found in both obese and lean participants.

DEPRESSION

The ICD-10 criteria for depression were developed in 1990 by the World Health Organization Depressed mood most of the day, nearly every day

Depressed mood marked as a loss of interest or pleasure in all, or almost all, activities most of the day, nearly every day, Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day, Insomnia or hypersomnia, Psychomotor agitation or retardation, fatigue or loss of energy nearly, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, recurrent thoughts of death, recurrent suicidal ideation without a specific plan, a suicide attempt, or a specific plan for committing suicide(WHO)

A study was conducted by Strein , Konttinen , Homberg , Engels , Winkens (2016) on 298 fathers and 294 mothers to investigate whether Emotional eating , External eating , and Restrained eating act as mediator between Repression and weight gain for assessing they used Dutch Eating Behavioral Questionnaire , Depressive mood list , BMI . The result found out that there was a casual chain between Depression , Emotional Eating , Weight Gain . The findings found that Emotional eating acts as a mediator between Depression and Weight Gain in mothers and also become the reason of obesity in Emotional eating . No significant mediation effect found in fathers.

This study was conducted by Lazarevich, Camacho, Zepeda (2016) to examine the association between depressive symptoms, obesity and emotional eating plays a role in weight gain. For this total 145 students of Mexican College was taken. The scale performed on them was self efficiency in emotion and stress related eating (EADES) emotions and stress questionnaires, Structural Equation Model (SEM). The results found that depressive symptoms are associated with emotional eating in both males as well as females. Emotional eating in turn was associated with BMI in men as well as women. Thus, Emotional eating was a mediator between depression and BMI adjusted for ages in both sexes.

PURPOSE

The purpose is to study Emotional eating among young adults due to Anxiety ,Stress , Depression

HYPOTHESIS

There will be positive correlation between Emotional eating and its effects on Anxiety, Depression and Stress.

No significant gender difference will be found in young adults.

METHOD

SAMPLE

A total of 60 people were participated from across Punjab in which 30 were Males and 30 were Females. The age of the subject ranges from 20 to 30 years.

MEASURES

Emotional Eater Questionnaire (EEQ) was given by Garaulet (2012)which consist of 10 questions each rated on 4 point scale from "NEVER" to "ALWAYS" used as an instrument to examine Emotional Eating.

DASS-21 was given by Lovibond and Lovibond(1995) it consist of 21 items ranging from (0 to 3) not applied to highly applied this test is designed to examine Depression ,Anxiety, Stress

PROCEDURE

The participants were informed about the purpose of the research and the questionnaire were filled through Google forms, each participant was thanked for there cooperation. Standardized Psychological Test were administered to the participants.

ANALYSIS OF DATA

RESULTS

The responses of participants were analyzed which use to see whether Emotional Eating can effect Anxiety, Depression, Stress. Mean and Standard deviation is presented in table 1, table 2 shows the correlation between Emotional Eating and Stress, Anxiety, Depression and table 3 shows t-test to see Emotional eating in comparison among young adults.

TABLE 1

Emotional Eating can effect Anxiety, Depression , Stress. Mean and Standard deviation is presented

	Gender	Emotional Eating	Stress	Anxiety	Depression
N	Male	30	30	30	30
	Female	30	30	30	30
Mean	Male	9.97	7.43	5.90	5.40
	Female	10.1	6.53	6.10	5.43
Standard deviation	Male	6.45	4.32	5.19	4.56
	Female	5.76	3.62	4.05	3.89

TABEL 2 Shows the correlation between Emotional Eating and Stress , Anxiety , Depression

Correlation Matrix

	Emotion	al Eating	Stress		Anxiet	y	Depres	sion
Emotional Eating	_							
Stress	0.406	**	_					
Anxiety	0.492	***	0.784	***	_			
Depression	0.483	***	0.840	***	0.868	***	_	

Note. * p < .05, ** p < .01, *** p < .001

TABLE 3 shows t-test to see Emotional eating in comparison among young adults.

Independent Samples T-Test

		Statistic	df	P
Emotional Eating	Student's t	-0.1056	58.0	0.916
Stress	Student's t	0.8748	58.0	0.385
Anxiety	Student's t	-0.1665	58.0	0.868
Depression	Student's t	-0.0304	58.0	0.976

Note. $H_{a}~\mu_{\,Male} \neq \mu_{\,Female}$

DISCUSSION

 $The \ results \ found out that \ there \ is \ no \ significant \ difference \ among \ males \ and \ females \ in \ Emotional \ eating \ and \ their \ effect \ on \ Depression \ , \ Stress \ , \ Anxiety \ depression \ for \ depression \ , \ depression \ depression$

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There is positive correlation between Stress and Emotional eating (r=0.397 p< .05)

There is positive correlation between Anxiety and Emotional eating (r= 0.421 p< .05)

The result found out that there is positive correlation between Depression and Emotional eating (r=0.437 p < .05)

There is positive correlation between Anxiety and Stress (r= 0.768 p< .01)

There is positive correlation between Depression and Anxiety (r= 0.861 p< .001)

CONCLUSION

The research study was conducted to find the effect of Stress , Anxiety , Depression due to emotional eating among young adults . The study found positive and no significant correlation between emotional eating and stress , anxiety , depression among young adults. Various preventions can be adopted to cure emotional eating by working on healthy life style habits , nutritional education , having one to one with professional mental health workers and therapist , understanding the causes and effects of emotional craving . Mindfulness therapies highly recommended for treating Emotional eating such as Acceptance and Commitment Therapy (ACT) ,Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT) people are getting immense help by these therapies .

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