

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

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ABSTRACT

This research aims to enhance understanding of how picky eating impacts the mental health and eating habits of college students aged 18-30, an area with limited exploration in adult populations. Picky eating behaviours in adults are associated with increased psychosocial dysfunction, limited dietary diversity, and inadequate fruit and vegetable intake. Drawing from studies on food avoidance and approach profiles in children, researchers sought to identify specific eating patterns among university students. Through a cross-sectional survey, participants completed assessments on picky eating, binge eating, inflexible eating, anxiety, depression, stress, and OCD symptoms. Positive correlations emerged between picky eating and various disordered eating behaviours including bingeing, dietary restriction, eating anxieties, and overall eating pathology, along with other psychological factors. Mediation analyses explored whether negative psychological correlates mediated the relationship between picky eating and eating disorders, particularly inflexible eating behaviours. Results indicated associations between increased picky eating and heightened worry and anxiety symptoms. However, interactions among picky eating and negative psychological factors did not fully explain variations in bingeing, dietary restriction, and overall eating pathology. These findings shed light on the complex interplay between picky eating and mental health outcomes among college students, highlighting the need for further research to better understand and address these issues.

Keywords: *Picky Eating, Emotional Well-Being, Eating Disorder, Anxiety, Depression, Stress, Obsessive Compulsive Disorder*

Anxiety and stress symptoms, particularly those connected to food, were shown to increase in frequency and intensity in those with an eating problem. Differences in bingeing, dietary restrictions, and overall eating disorder could not be accounted for by a combination of picky eating and its negative psychological consequences. The results build on past studies that have shown a relationship among selective feeding and eating disorders, and they highlight the need of paying attention to potentially harmful psychological linkages between the two. Negative psychological correlations between fussy eating and eating disorders should be considered by researchers and clinicians investigating this relationship. Maladaptive eating behaviours in adults.

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The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

The debate about whether or not the PE contributes to adult obesity is far from settled. Using latent class and latent profile analysis, a number of research have sought to operationalize PE. Latent class analysis performed by Wildes et al. (2012) on a sample of Western adults drawn from a data base of adult fussy eaters revealed that those with both PE and eating disorders constituted the largest group. The group that included people with eating disorders exhibited the largest levels of general impairment & negative psychological impacts, in comparison to the "pure" PE & mild pathology courses (Wildes et al., 2012). Ellis et al. (2018) conducted an updated of previous studies and showed that "approaching" eaters displayed greater levels of eating & binge eating than fussy diners, while "medium" eaters exhibited greater levels of gorging impairments and overall melancholy. Finally, He et et. (2020) divided PE into mild and severe forms, with mild PE being more significantly associated with disordered eating.

The rising rates of obesity & heart disease in the World highlight the need of advocating for a diet rich in fruits and vegetables. Despite decades of public health education on the USDA's dietary guidelines and efforts on the local, state, and federal levels to improve food access, the percentage of people who reported eating five or more servings of fruits and vegetables per day has remained relatively stable between 20% and 30% throughout the 1990s and the first decade of the 2000s. What percentage of Chinese pupils engage in selective eating, and how does it relate to body mass index, height, and intelligence? (Y. Xue et al.).

Evaluation of Hunger in Several Settings (2015). Alterations in nutritional intake and lower fruit and vegetable consumption throughout the elementary school years have been linked to picky eating. Here, we provide data from two studies that support the hypothesis that picky eaters' diets vary significantly from those of their contemporaries. Dietary variety (Study 1) and self-reported daily intake of fruit, vegetable, meat, dairy, starches and cereals, sweets, snack foods, and drink were compared between adult picky eaters and non-picky eaters (Study 2). Picky eaters in Study 1 ate less servings of vegetables, fruit, and seafood than their peers. Picky eaters reported eating fewer fruits and vegetables on a regular basis, and those on fruit- and vegetable-free diets fared worse in Study 2. Individuals with a history of picky eating who also reported having untrusting food intake disorder symptoms were more likely to display these behaviours.

METHODOLOGY

Aim of the study

To Examine The relationship between picky eating and psychological well-being and disordered eating among university students.

Participation

An online study about Picky Eating was conducted with participants from AMITY University. Initially, n = 100 subjects were included in the research. From the age range of 18 to 30 years.

Measures

Participants will complete self-report measures assessing picky eating behaviours, psychological well-being indicators (including anxiety, depression, self-esteem), and disordered eating attitudes and behaviours. Validated and reliable scales such as the Picky

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

Eating Questionnaire, Hospital Anxiety and Depression Scale, Rosenberg Self-Esteem Scale, and Eating Attitudes Test will be used.

Objectives of the Study

- To examine the prevalence and severity of picky eating behaviours among university students.
- To investigate the relationship between picky eating and psychological well-being indicators, such as anxiety, depression, and self-esteem, among university students.
- To explore the association between picky eating and disordered eating attitudes and behaviours, such as dietary restriction, binge eating, and purging, among university students.
- To identify potential mediating or moderating factors that may influence the relationship between picky eating and psychological well-being or disordered eating among university students.
- To provide insights and recommendations for interventions and support programs aimed at promoting positive psychological well-being and preventing or addressing disordered eating behaviours among university students with picky eating tendencies.

Hypothesis

- **H10:** There is a negative relationship between Binge eating, DASS as well as eating disorders.
- **H11:** There is a positive relationship between Binge eating, DASS as well as eating disorders.

RESULTS

Table 1: Descriptive statistics of Binge eating, DASS as well as eating disorder

N	Mean	SD	Variance	
Binge eating	150	26.27	7.78	60.67
DASS	150	20.363	13.47	181.60
Eating disorder	150	43.80	35.53	1262.84

For the variable "Binge eating," the mean score was 26.27 with a standard deviation of 7.78, which indicates that the participants, on average, reported moderate levels of binge eating behaviour. The variance of 60.67 indicates that there was some variability in the binge eating scores among the participants.

For the variable "DASS" (Depression, Anxiety and Stress Scale), the mean score was 20.363 with a standard deviation of 13.47, which indicates that the participants, on average, reported mild levels of depression, anxiety, and stress. The variance of 181.60 indicates that there was considerable variability in the DASS scores among the participants.

For the variable "eating disorder," the mean score was 43.80 with a standard deviation of 35.53, which indicates that the participants, on average, reported high levels of eating disorder symptoms. The variance of 1262.84 indicates that there was considerable variability in the eating disorder scores among the participants.

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

Table 2: Pearson correlation analysis of relationship between Binge eating, DASS as well as eating disorder
Correlations

Binge eating	DASS	Eating Disorder		
Binge eating	Pearson Correlation	1	0.457**	0.654**
	Sig. (2-tailed)		0.000	0.000
	N	150	150	150
DASS	Pearson Correlation	0.457**	1	0.383**
	Sig. (2-tailed)	0.000		0.000
	N	150	150	150
Eating disorder	Pearson Correlation	0.654**	0.383**	1
	Sig. (2-tailed)	0.000	0.000	
	N	150	150	150

***. Correlation is significant at the 0.01 level (2-tailed).*

H10: There is a negative relationship between Binge eating, DASS as well as eating disorders.

H11: There is a positive relationship between Binge eating, DASS as well as eating disorders.

The correlation coefficients indicate the strength and direction of the relationship between the variables. A positive correlation indicates that as one variable increases, the other variable also increases, while a negative correlation indicates that as one variable increases, the other variable decreases. The results show that there is a significant positive correlation between Binge eating and DASS ($r = 0.457, p < 0.01$) as well as between Binge eating and eating disorder ($r = 0.654, p < 0.01$). There is also a significant positive correlation between DASS and Eating disorder ($r = 0.383, p < 0.01$). Therefore, we can reject the null hypothesis (H10) that there is a negative relationship between Binge eating, DASS as well as eating disorders and accept the alternative hypothesis (H11) that there is a positive relationship between Binge eating, DASS as well as eating disorders. The results suggest that higher levels of Binge eating behaviour are positively associated with higher levels of depression, anxiety, and stress as well as higher levels of eating disorder symptoms. Additionally, higher levels of depression, anxiety, and stress are positively associated with higher levels of eating disorder symptoms.

DISCUSSION

The study's overarching goal is to investigate how selective eating habits relate to students' mental health and eating disorders. This research made use of the "Eating Disorder Examination Questionnaire (EDE-Q)", "Binge Eating Scale (BES)", and "Disordered Eating Screening Scale (DASS-21)". This research analysed data from a sample of 150 people to determine the correlations between binge eating, the Sadness, Anxiety, and Stress Scale, and eating disorders. The phrases "binge eating" as "eating disorder" have been used in the field of mental health & wellness. An individual who engages in binge eating does so because they believe they have lost control of their eating and consume an excessive amount of information in a short time of time.

When this sort of behaviour leads to unfavourable feelings of guilt, shame, and sadness, it may become a viscous circle of disordered eating. However, "disordered eating" refers to a

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

broader class of mental health issues characterised by distress or impairment due to aberrant eating behaviour. Anorexia, bulimia, & binge eating are all types of eating disorders. Some of the physiological and psychological effects of these conditions include malnutrition, weight swings, and disruptions in one's mood, feeling of self-worth, and capacity for social interaction.

Repeated episodes of binge eating, in which the individual loses control over their eating and consumes a large amount of food in a short amount of time, are characteristic of binge eating disorder. Physical and mental health problems, such as obesity, depression, anxiety, and social isolation, have been associated to binge eating disorder. Participants reported significant levels of bingeing eating behaviour, low levels of sadness, worry, and stress, and elevated amounts for eating disorder symptoms, according to the descriptive analysis for Binge eating, the DASS, and eating disorders. Positive Pearson correlations were found between bingeing and DASS, binge eating & eating disorder, and DASS and eating disorder, according to the study's authors. These results suggest that a greater propensity for binge eating is linked to an increased risk of depression, stress, and stress, as well as eating disorder symptoms. In addition, there is a favourable correlation between elevated levels of melancholy, anxiety, and stress and the presence of eating disorder symptoms. The ramifications of these findings for the diagnosis and care of patients with eating disorders are substantial. Positive correlations between Disordered eating, DASS, & eating disorder show a complicated interaction between these variables and raise the possibility that they interact in the emergence and maintenance the eating disorder symptoms. Therefore, these three factors should be taken into account during diagnostic and therapy interventions for people with eating disorders. The first problem is that the research was cross-sectional, which makes it hard to draw conclusions about cause and effect.

The temporal correlations between the variables need longitudinal research. Second, the research had to rely on self-report assessments, which might be inaccurate or biased. Clinical interviews and behavioural observations should both be included into future research. The results of the research stress the need for simultaneous evaluation and treatment of binge eating, DASS, or eating disorder symptoms in patients suffering from these conditions. In order to design successful therapies that target all components of eating disorder symptoms, further research is required to establish the nature of the interactions between these factors.

Limitations of the study

Sampling Bias: Because of potential sample error, the findings may not be generalizable. The results of the research might be off if the sample population isn't representative of the general population or other groups of individuals.

Self-Reported Data: Data from participants may have been subject to social desirability bias since they were asked to report only positive characteristics. People may respond with what they think others want to hear rather than sharing their genuine thoughts and experiences, which might skew the findings.

Limited Variables: The study consists of a limited number of variables and further variables can be considered to make the study more extensive.

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

Time Constraints: The study's time constraints may prevent thorough data collection and analysis, perhaps yielding unreliable findings.

CONCLUSION

In conclusion, the data analysis reported here provides valuable insight into the connections between Binge eating, the Distressed Eating Scale (DASS), and eating disorder in a sample of 150 people. The phrases "binge eating" nor "eating disorder" are used in the field of mental health & wellness. When a person binges, they consume an excessive amount of information in a short time of time and report experiencing a lack of control over their eating. Negative feelings like guilt, shame, and sadness may contribute to the development of an eating problem. However, "disordered eating" refers to a broader class of mental health issues characterised by distress or impairment due to aberrant eating behaviour. Anorexia, bulimia, & binge eating are all forms of eating disorders.

Some of the physiological and psychological effects of these conditions include malnutrition, weight swings, and disruptions in one's mood, feeling of self-worth, and capacity for social interaction. Binge eating disorder is a subtype of anorexia nervosa characterised by recurrent episodes of binge eating in which the patient loses all sense of portion control and consumes a large amount of food in a short amount of time. Binge eating disorder has been connected to a variety of physical and mental health problems, including obesity, depression, anxiety, and social isolation.

Signs of melancholy, worry, and stress were shown to increase in tandem with binge eating severity, as did symptoms of anorexia and bulimia. Additionally, there was a significant correlation between greater levels of melancholy, anxiety, and stress with the presence of somatic symptoms. These results have significant ramifications for the evaluation and treatment of people with eating disorders, underscoring the need of taking into account all three factors simultaneously. Further research is needed to address the study's weaknesses, such as its cross-sectional design and dependence on self-report measures. In sum, the findings of this research add to our knowledge of the intricate interplay between compulsive eating, DASS, & eating disorders. These results have important implications for enhancing the mental well-being of those who are battling with the symptoms of an eating problem.

Recommendations

For Binge eating

Many people suffer from binge eating disorder, a dangerous mental illness. It's characterized by binge eating bouts that last for hours and are followed by emotions of shame, remorse, and powerlessness. Seek professional assistance if you need it; binge eating is a serious problem. However, there are a number of things you can do on your own to assist control binge eating in addition to getting expert treatment. Listed below are some suggestions.

Practice mindfulness practicing mindfulness helps heighten one's awareness of one's internal experience, making it easier to pinpoint the causes of binge eating. Focus on the here and now and notice your thoughts, feelings, and physiological sensations. Keep a food diary you may learn more about your eating habits and the patterns in your eating habits by keeping a food diary. If you can determine what sets off your binge eating, you may begin to alter you're eating patterns. Build a support network as you make your way back to health, it's important to be surrounded by individuals who can help and encourage you.

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

Members of one's social network may fall into this category. Incorporate regular physical activity exercising may help you relax, feel better emotionally, and have more confidence in yourself. Appetite control and the prevention of binge eating are two additional benefits. Seek professional help expert care is necessary for anyone struggling with binge eating disorder. Consult a therapist or counsellor to get to the bottom of the feelings that may be fuelling your binge eating.

For Eating disorder

Maintaining a healthy eating order is an important part of a healthy lifestyle. Here are some recommendations:

Eat a variety of foods eating a wide range of meals may help you meet your dietary requirements. Eat a wide range of produce, cereals, proteins, and healthy fats to be healthy. Start with a balanced breakfast maintaining your concentration and energy with a healthy breakfast is possible. Make sure your morning meal has some protein, fiber, and good fats. Oatmeal with fruit and nuts, a vegetable omelette, and Greek yogurt with berries are all great examples.

Have smaller, more frequent meals consuming fewer, smaller meals over the course of the day has been shown to improve glucose control and curb binge eating. Aim for three to five nutritious meals each day and use healthy snacks as required. Eat mindfully by training your mind to focus on the present moment while eating, you may better detect whether you're full or hungry. Don't rush through your meal and instead focus on each bite. Stay hydrated in addition to improving your health in general, drinking enough water may also reduce your appetite. Get in at least 8 glasses of water daily, and more if you're active or it's really hot where you live. Plan ahead making better decisions about what to eat and snack on during the day is easier if you plan beforehand. Make a habit of planning your weekly menu and shopping list.

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The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

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Conflict of Interest

The author(s) declared no conflict of interest.

The Relationship between Picky and Disordered Eating and Psychological Well-being among University Students

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