

Relationship Between Eating Beliefs & Somatic Symptoms in Adults-A Correlational Study

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Abstract

This study examines the relationship between eating beliefs and somatic symptoms in adults. A total of 221 participants, aged 25 to 35 years, with diverse educational and occupational backgrounds, completed online surveys including the Eating Belief Questionnaire-18 and the Patient Health Questionnaire-15. Results indicate a significant positive correlation ($r = 0.179$, $p < 0.01$, 2-tailed) between eating beliefs and somatic symptoms. Higher importance placed on eating beliefs is associated with increased somatic symptoms. These findings suggest that eating behaviors may contribute to bodily dysfunctions, leading to the presence and experience of somatic symptoms in adults. Further research is needed to explore the role of eating beliefs and habits as potential risk factors for the development of somatic symptoms.

Keywords: Eating beliefs, Somatic symptoms, Body dysfunction.

The mix of physiological, psychological, and in the case of eating disorders like severe food restriction, purging practices, and malnutrition may also cause physical changes in the body that contribute to somatic symptoms. Psychological factors like stress, body image concerns, and anxiety associated with eating disorders may also influence the experience of somatic symptoms. As per the records of a few research records, the individual who is suffering from anorexia nervosa is more likely to have physical symptoms due to malnutrition, and the individual who is having bulimia nervosa or binge eating disorder may have symptoms like weight changes, purging habits, and food patterns. The intricate association between eating disorders and somatic symptoms is contingent upon various factors, including the specific type of eating disorder being examined and the particular population under scrutiny.

Eating beliefs encompass the multifaceted realm of ideas, attitudes, and values that individuals harbour regarding food, nutrition, and eating practices. These beliefs are shaped by an intricate interplay of cultural, societal, and environmental variables, as well as personal experiences and education. Within this tapestry of perspectives, several prevalent eating beliefs emerge, including but not limited to the Healing Properties of Food: Many individuals attribute certain foods with remarkable healing qualities, capable of preventing or remedying an array of health issues. Adults possess a wide array of eating attitudes shaped by their cultural background, personal encounters, and individual principles. Among the commonly observed eating beliefs in adults are the following: Food Morality: Some individuals tend to categorize foods as either "good" or "bad" based on their nutritional value or caloric content.

Somatic manifestations encompass bodily sensations and experiences devoid of discernible medical origins. Rather than being rooted in physiological ailments, these manifestations often intertwine with emotional or psychological distress. Instances of somatic symptoms include but are not limited to headaches, muscular tension or uneasiness, fatigue, feelings of nausea or the act of vomiting, dizziness or a sensation of light-headedness, as well as digestive irregularities such as bloating, constipation, or diarrhea. Experiencing Somatic symptoms is a mental health condition in which a person experiences significant distress as a result of physical symptoms and exhibits abnormal thoughts, feelings, and behaviours in response. Their daily functioning and quality of life are hampered by the disorder.

Eating psychopathology represents a significant health concern that profoundly impacts both physical and internal well-being. These conditions encompass a range of challenges related to food cognition, eating patterns, weight and shape enterprises, and disordered eating actions. The symptoms associated with eating diseases can have far-reaching consequences, affecting colorful aspects of health, emotional state, and overall functioning in pivotal areas of life. It's pivotal to prioritize applicable treatment for eating diseases, as their undressed or misruled nature can lead to enduring issues and, in severe cases, indeed mortality. The most current forms of eating diseases include anorexia, bulimia, and binge-eating complaint. These diseases frequently involve an inviting obsession on weight, body shape, and food, which can lead to potentially dangerous eating patterns. Statistics on eating disorders typically reflect the occurrence of co-occurring mental health difficulties among people with eating disorders, according to Mental Health and Eating Disorder Statistics.

The goal of the eating beliefs and somatic symptoms study is to understand the link between the two and how it may influence the development and maintenance of eating disorders. Eating beliefs are a person's beliefs and attitudes around food, eating, and body weight and form

Need for the study

To understand the link between eating beliefs and somatic symptoms, it is crucial for several reasons as somatic symptoms can significantly impair an individual's quality of life, leading to functional impairment and distress. Identifying the underlying factors associated with these symptoms can aid in their early detection and subsequent intervention and adulthood is a critical period characterized by various physical, emotional, and social changes. Adults often face unique challenges related to body image, self-esteem, and the adoption of healthy eating behaviors. Investigating the relationship between eating beliefs and somatic symptoms during this developmental stage can provide insights into potential risk factors and help inform targeted prevention and intervention strategies and existing research has shown a bidirectional relationship between eating disorders and somatic symptoms.

REVIEW OF LITERATURE

Roberta Carbonari, et al (2023) did a study on Cross-cultural adaptation of the Eating Beliefs Questionnaire into Brazilian Portuguese, aimed to adapt the Eating Belief Questionnaire (EBQ), which analyses eating beliefs in relation to binge eating episodes, and has been translated into Brazilian Portuguese for use with female teens. A committee of bilingual persons and eating behaviour specialists evaluated the items' conceptual, semantic, cultural, and operational equivalency during the adaption process. The updated version, EBQ-18, was subsequently given to 20 adolescent females in order to evaluate item clarity and understanding using content validity coefficients. Questions 5, 6, 11, 14, 15, 16, 17, and 18 remained unchanged, while the remaining issues were modified based on committee recommendations and researcher consensus. Except for item 3, which had a slightly lower coefficient, the revised version displayed acceptable content validity coefficients for clarity and understanding. Overall, the teenage population comprehended the Brazilian Portuguese version of the EBQ-18, which might be beneficial in researching the impact of dietary beliefs in binge eating maintenance. Future research with teenagers is recommended to further assess its psychometric features and use in clinical and non-clinical populations.

Amy L. Burton & Maree J. Abbott (2018) done a study on the revised short-form of the Eating Beliefs Questionnaire: Measuring positive, negative, and permissive beliefs about binge eating, indicates that, in addition to the current positive and negative beliefs measures, the Eating Views Questionnaire (EBQ) has been modified to incorporate a third scale for examining permissive eating beliefs. Permissive beliefs are those that

offer justification for binge eating behaviour. Based on discussions with literature and eating problem professionals, 19 permissive belief items were developed. 883 people took an online test battery that includes the EBQ and the new permitted items. A three-component answer (positive, negative, and permissive views) explained 63.4 percent of the variation, according to an exploratory factor analysis. The three-factor model was supported by a confirmatory factor analysis, with the findings supporting a shorter 18-item questionnaire. The new scale showed strong internal consistency and convergent validity.

Claire E. Cusack, et al (2022) has done a research study on the structure of eating disorder and somatic symptoms, seeking to study the link between somatic concerns and eating disorder (ED) symptoms, with an emphasis on ED-relevant sensations (e.g., sensations related to the gastrointestinal system or body movement). The researchers used network analysis to describe the organization of ED symptoms and physical concerns in people with anorexia nervosa, bulimia nervosa, and other specific feeding and eating disorders. The findings revealed that increased sensitivity to somatic concerns had the highest strength centrality within a symptom network that included both ED and somatic symptoms. This shows that somatic worries may be important in sustaining ED symptoms and encouraging other somatic concerns. The four symptom dimensions discovered in the study were cognitive-affective ED symptoms, behavioral ED symptoms, general interoception, and ED-specific proprioception. The findings have implications for the evaluation and treatment of EDs, emphasizing the necessity of addressing somatic concerns in the treatment of these illnesses.

METHODOLOGY

Research Questions

What will be the impact of eating beliefs on somatic symptoms among adults having eating disorders?

Hypothesis

There would be a significant difference between Eating Beliefs and Somatic Symptoms in adults.

Sample selected

221 participants, from various educational and occupational backgrounds, took part in the assessment. The age range of the sample was 25 to 35 years. The sampling techniques used were simple random sampling.

Tools used

The following tools were used for the present study. The tools were selected based on their relevance to the set aim of the study.

- Eating Belief Questionnaire (EBQ-18)
- Patient Health Questionnaire (PHQ-15)

Data analysis

IBM SPSS version 29.0.1.0 was used to Analyse and calculate the data. Descriptive Statistics- Means of both the criterion group was computed and presented. Inferential Statistics was used to determine and analyses the data and was presented in tabular format.

RESULT AND DISCUSSION

Descriptive Statistics:

Variables	N	Mean	Standard Deviation
Eating Beliefs	221	33.9330	15.73663
Somatic	221	11.8926	7.16351

Symptoms

The mean score of Eating Beliefs and Somatic Symptoms are 33.93 and 11.89 respectively. The Standard Deviation of Eating Beliefs and Somatic Symptoms are 15.73 and 7.1 respectively.

Correlational Analysis

			Eating Beliefs	Somatic Symptoms
Pearson Correlation	Eating Beliefs	Correlation	1	.179*
		Coefficient		
		Sig.(2-tailed)		.008
	Somatic Symptoms	Correlation	.179*	1
		Coefficient		
		Sig.(2-tailed)	.008	
		N	221	221

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

Table 2 represents the Eating Beliefs and Somatic Symptoms scores of the participants. From the representation, it can be seen that there is a significant relationship between Eating Beliefs and Somatic Symptoms in Adults. From the representation, it can be seen that there is a significant relationship between Eating Beliefs and Somatic Symptoms in Adults with a Pearson Correlation coefficient of 0.179. This indicates that as the importance of Eating Beliefs increases, Somatic Symptoms are also likely to increase. The correlation coefficient is significant at the 0.01 level (2-tailed) which suggests that the relationship between two variables is unlikely to occur by chance.

The findings suggest that individuals who have a higher significance of Eating Beliefs tend to experience a severity of Somatic Symptoms. It is interpreted that the significance (2-tailed) value is .008 which is more than .005 which shows strong evidence that we can accept the alternative hypothesis.

SUMMARY AND CONCLUSION

To understand the link between eating beliefs and somatic symptoms, it is crucial for several reasons as somatic symptoms can significantly impair an individual's quality of life, leading to functional impairment and distress. Identifying the underlying factors associated with these symptoms can aid in their early detection and subsequent intervention and adulthood is a critical period characterized by various physical, emotional, and social changes. Adults often face unique challenges related to body image, self-esteem, and the adoption of healthy eating behaviors. Investigating the relationship between eating beliefs and somatic symptoms during this developmental stage can provide insights into potential risk factors and help inform targeted prevention and intervention strategies and existing research has shown a bidirectional relationship between eating disorders and somatic symptoms.

The result of the research showed that there was a positive significant correlation between Eating Beliefs and Somatic Symptoms which implies that if individuals have psychopathology, then they will likely experience

Somatic Symptoms such as stomach pain, Back pain, gastrointestinal problems, etc. However, it is important to note that the strength of this relationship is relatively weak. These findings contribute to a better understanding of the complex interplay between people's eating beliefs and their physical symptoms. The dissertation emphasises the importance of addressing both cognitive and somatic aspects when investigating eating-related concerns. Future research could benefit from investigating additional factors that may influence these relationships, as well as potential interventions to mitigate the impact of eating beliefs on somatic symptoms.

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