

Disordered eating in first-year undergraduate students



Developing support mechanisms and health promoting outreach

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Theoretical Basis

- ❑ Positive Psychology
- ❑ Spectrum theory
- ❑ Liminality
- ❑ Salutogenesis



Context

- ❑ Disordered eating represents an over focus on body shape and weight with abnormal and disrupted attitudes to food patterns and eating(Quick and Byrd-Bredbenner 2013)
- ❑ Can form part of the *spectrum of disturbed eating patterns* and behaviours with evidence of significant disability (clinical anorexia nervosa, Bulimia etc.) (Sanlier et al. 2008; Dissing et al.2011).
- ❑ Or as *subclinical* and possibly *concealed* but with significant psychological social and physiological risk (Boyd 2006; Sanlier et al. 2008; Dissing et al.2011)

Stigma & Concealment

- Disordered Eating like classic eating disorders carries a stigma =**
- Concealment=**
- Non-disclosure (Eisenberg et al. 2011)**

Figures

- ❑ Perhaps 90% of disordered eating occurs in individuals up to 25yrs (Sanlier et al. 2008)

Studies suggest variation

- ❑ Simon- Boyd and Bieschke (2003), suggest possibly 36.6% of sample reflected evidence of disordered eating
- ❑ Eisenberg et al. (2011) possibly 13.5% (F) 3.6%(M) college students reflected eating disorder symptoms.
- ❑ Petrie et al. (2008) suggested evidence of disrupted eating patterns/disordered eating amongst almost 20% of the undergraduate male student population

The Study

- ❑ A qualitative study exploring disordered eating in a small group of first-year undergraduate students studying for professional health care related degrees
- ❑ Nursing , midwifery and medical students
- ❑ (n=12)
- ❑ Illustrating what support mechanisms and services are required for those 1st year students experiencing or at risk.

Methodology

- In-depth Interviews
- Thematic analysis
- Narrative analysis
- Conceptual Framework drawn from theory of Salutogenesis
- A sense of Coherence
 - Comprehensibility
 - Manageability
 - Meaningfulness

Salutogenesis



- ❑ Salutogenesis addresses our understanding of health, health outreach and health promotion
- ❑ Focuses within the positive promotion of health (including mental health)

and

❑ ***Building Resilience***

- ❑ With emphasis less on pathogenesis and more on the social matrix which sustains, supports or helps to restore a sense of health and wellbeing (Antonovsky 1984; 1996)
- ❑ Equipping for ***'The River of Life'***



A Sense of Coherence

- ❑ Salutogenesis in developing and sustaining a SOC uses social, psychological and cultural resources to promote health and to resist illness; which Antonovsky (1979)
- ❑ = Generalised Resistance Resources (GRRs).
- ❑ The extent of an individual's sense of coherence is substantially reflected in their GRR's Antonovsky (1979) .
- ❑ Include material resources, cognitive, emotional and interpersonal resources (including knowledge and understanding and their sense of self (their ego identity) and their inter-social and inter-relational attachments and support.
- ❑ The development of a strong SOC reflects the growth of GRR's within the individual (Antonovsky 1979;1993).

Comprehensibility

☐ Comprehensibility reflects an individual's sense of comprehension and understanding of significant issues in health

and

☐ Their lived experience, together with

☐ An internalized assurance/ reassurance of a sense of existing order and social balance (Antonovsky 1996; Johnson 2004; Darling et al. 2007; Sanftner 2011).

Manageability

- ❑ Manageability reflects a particular focus upon the individual's perception, understanding and sense of control.
- ❑ Manageability also reflects an individual's response to stressors and an individual's access to and choice of coping skills and coping support.
- ❑ Coping support is significantly reflective of prior experience and perceptions of the supportive matrix in which an individual might find themselves at a particularly stressful period (Antonovsky 1987; 1996; Cilliers and Kossuth 2002).

Meaningfulness

- ❑ Meaningfulness reflects life as having a sense of purpose that it is understandable,
 - ❑ That the individual has value and primacy
- and*
- ❑ There is real worth in the individual investing time and resources into significant challenges (Antonovsky 1979; 1987; 1996).

| <u>STAGE 1</u> | <u>STAGE 2</u> | <u>STAGE 3</u> | <u>STAGE 4</u> |
|--|---|--|---|
| <u>THEORY</u> | CONCEPTUAL FRAMEWORK | <u>EMERGENT THEMES</u> | <u>EMERGENT SUB THEMES AND CATEGORIES</u> |
| Salutogenesis and a Sense of Coherence | Comprehensibility | Comprehension and insight | The experience |
| | | | Understanding |
| | | | Pre-existing pattern |
| | | Comprehensibility-social imbalance or pathology | Disengagement |
| | | | Imbalance |
| | | | Pathology |
| | Manageability | Manageability and control | Body Image |
| | | | Control |
| | | Manageability-the prior context, supporting or driving | Stress and coping |
| | | | The family |
| | | Manageability-disclosure and impact | The public perception |
| | | | The prior experience |
| | | | Disclosure |
| | | Manageability - and support | Labelling |
| Academically and professionally | | | |
| Emotional support | | | |
| Meaningfulness | Meaningfulness- towards a more salutogenic response | Supporting environment | |
| | | Supporting outreach | |
| | | Meaningfulness- | Positive challenge |
| | | supporting the context | Positive experience |

The Conceptual Framework-Undergraduate Students and Disordered Eating

Psychiatry or psychology

- The 1st year and significant stress
 - Pre-existing drivers
 - Mad or troubled/struggling
 - Control, Chronic Stress
- and*
- Disordered Eating (NICE 2004:BEAT 2014)
 - Early outreach
 - A sense of wellbeing
 - Positive psychology (Seligman and Csikszentmihalyi 2000)
 - University the 1st year and a *Liminal Opportunity*

Key issues emerging

- Lack of understanding to the nature/risks associated with disordered eating
 - The use of disordered eating as a stress coping mechanism**
 - Stress & Isolation
 - Disordered eating perceived negatively as a mental health issue carried stigma and reticence to acknowledge = being wary of the academic/ professional consequences.**
 - Possibly reflected in a sometimes concealed /sub-clinical experience.
 - Students wary of eating in more public refectories.**
 - Students felt very positive about their arrival at university
- and
- That their experience with disordered eating could potentially add to their repertoire as future health care professionals.**

Impact !



- On self
- On first and later years of study
- Unstable self image/self efficacy
- Waste of resources
- ↓ Scholarly focus
- ↑ Acute /chronic stress

The University could

- ❑ Further develop its outreach to new students with a more consistently supportive program including stress training and more support via student buddying
- ❑ Enhance education/awareness of student support facilities particularly in terms of mental health stressors/resilience and the assurance of confidentiality
- ❑ **Extend its program on positive mental health to reduce a sense of stigma within the student population**
- ❑ Consistent more training in the understanding and person-centered approach to students experiencing disordered eating, particularly the sub-clinical group
- ❑ **Consider some small changes and adaptations to the refectory eating areas to better facilitate at-risk students.**
- ❑ Finally the University could perhaps better use the first few months of student's arrival at university to help embed a program to develop a stronger sense of coherence and wellbeing.

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***THANK YOU & OUR
BEST WISHES !***

Issues



- How to relabel mental distress rather than mental illness
- Addressing stigma and the student population
- Building an early stage resilience in the young undergraduate
- The public health outreach to young students