

"Health is a relationship between you and your body"

#HealthPsychology

# HEALTH PSYCHOLOGY FOCUS

Mindfulness Type 1 Diabetes Male Menopause Positive Emotions Yoga & Wellbeing

## The Academy of Psychology







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#### Health Psychology Focus





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### Author Guidelines

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Manas Speaks, Dec 2021

ARTICLE



**AS** modernization increases globally, ideologies and perceptions about health and the body shift accordingly. Many people, mostly women, but also a growing number of men, struggle with not only loving but accepting their own bodies. It seems to be a growing problem in our world - with ever building numbers of young

and eating habits.

### **Disordered Eating Attitudes**

There is a difference between an "eating disorder" and "disordered eating". Disordered eating may be a term used for unhealthy eating behaviours and worries about body image. It is quite common. Some of the foremost common sorts of disordered eating are diet-

- Body Acceptance
   Healthy Eating Habits
- Healthy Weight for age, height & body type



- Disordered Eating
- Weight & Shape Preoccupation
- Excessive excercising
- Striving for perfection
- Compulsive Overeating
- Restricting 
   Yo-yo dieting
- Fasting
   Steroid Use
- Purging
   Laxative use

women and now young men

joining the ranks of a population that views itself as not entirely acceptable. Adolescence could also be a singular and distinct developmental period, which comprises both psychological and physiological processes of change (Kadriu, Kelpi, & Kalyva, 2014). It is considered as a nutritionally vulnerable stage of life because they are prone to a number of health problems which are attributed to their lifestyle Anorexia Nervosa
Bulimia Nervosa
Binge Eating Disorder

Others include selfinduced vomiting, binge eating, and laxative abuse. Eating disorders are extreme cases of disordered eating. Anorexia nervosa and

ing and restrictive eating.

Bulimia nervosa are examples of eating disorders. People are diagnosed with a disorder as long as they meet specific criteria associated with weight and eating behaviour. Many people have some kind of disordered eating at some point in life. It is important to recognize the signs of disordered eating and get help from a medical professional BE-FORE the problem gets worse. That way you'll prevent an disorder from developing.

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The treatment of disordered eating works best when it is started early. Signs that you simply should get help from a medical professional include: constantly trying different diets to reduce , obsessing about food and weight, fasting, skipping meals, or eating very little, exercising too much or too often, trying to compensate for food you have eaten by vomiting, taking laxatives, or other medications to affect your weight or shape, eating large amounts of food after dinner, or in the middle of the night, eating to comfort yourself,



even when not hungry, feeling out of control when eating and feeling guilty about eating. Eating is vital in life and a major determinant of health; it is thus important to study from its different perspectives. One possibility during this perspective is to review eating aspects besides the eating consumption, even in quantitative studies. There is no agreeable definition of eating attitudes but psychologists agree that screening for eating attitudes is effective. It provides as a pre-cursor for various eating disorders.

It is thus believed that people develop a relationship with food and the term "eating attitude" seems to better describe it (Aikman and Crites 2003). Considering the general definition of attitude from Oppenheim(2010) as "long-lasting clusters of feelings, beliefs, and



cognitions in general, which may be positive or negative, toward a specific object that lead to actions that are coherent to the cognitions and feeling toward the specific object", Alvarenga et al. defined eating attitudes 24 as one's beliefs, thoughts, feelings, behaviours and relationship with food and many studies in this area of knowledge also use the term attitude to describe thoughts, feelings and beliefs regarding eating (Rozin et al 1999). Therefore, the term eating behaviour does not encompass the correct idea of one relationship with food because it does not include the beliefs, thoughts and feelings towards food, while the term "eating attitudes" does.

Rozin et al. claimed that different attitudes toward food may have an effect on overall health and contribute to differences in nontransmissible diseases. Different eating attitudes, especially regarding pleasure versus health concerns, can have an effect on overall health since pleasure apparently act as health promoters and worries can adversely affect health. It suggests that social and psychological components of eating, included in the concept of eating attitude, may be major health determinants. It is believed that food-



choices would be culturally determined but few studies have so far assessed the difference of attitudes among countries or different regions (Roininen 2010).

Comparing eating attitudes among different environments could provide input for studying the association between attitudes. Attitudes are important because they can guide thought behaviour and feelings. Attitude change occurs anytime an attitude is modified. It can positively or negatively affect the persons behaviour. A person might not always remember of his or her attitude or the effect it's having on behaviour. The main problem is that eating attitude can change to match eating behaviour. Eating behaviour may be a broad term that encompasses food choice and motives, feeding practices, dieting, and eatingrelated problems like obesity, eating disorders, and feeding disorders.

Eating behaviour is complex; humans make many food decisions every day that are influenced by a spread of private, social, cultural, environmental, and economic factors. What people eat and the way much they eat features a considerable influence on their health. The social environment has also been shown to have a substantial effect on eating behaviour. Eating behaviour is shaped indirectly through observing others and internalization of food rules, as well as directly (Gellman and Turner 2013).

