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Research Article

Meditation and Ordination may overcome Abnormal Eating disorders

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Abstract

Meditation, Yoga and Ordination are the proven methods to overcome abnormal eating and general conditions of human being. Eating disorders (anorexia nervosa, bulimia nervosa, and binge eating disorder) are regarded as psychiatric syndromes that have some relationship to obesity. This review describes current clinical and scientific knowledge concerning the clinical descriptions of these disorders, etiology of each disorder, diagnostic signs, and treatment approaches that have been found to be efficacious. Anorexia nervosa is a very serious eating disorder that is associated with severe medical complications. Anorexia nervosa is very difficult to successfully treat, even when intensive inpatient methods are used. Orthorexia nervosa also differs from anorexia nervosa in that it does not disproportionally affect one gender. Studies have found that orthorexia nervosa is equally found in both men and women with no significant gender differences at all.

Key words: meditation; yoga; ordination; eating disorders; orthorexia; misperception

Introduction

Although different types of eating disorders have distinct symptoms, each condition involves an extreme focus on issues related to food and eating, and some involve an extreme focus on weight. Although the term “eating” is in the name, eating disorders are about more than food. They’re complex mental health conditions that often require the intervention of medical and psychological experts to alter their course. Other emotional and behavioral symptoms of anorexia may include:

Too much exercise. This includes exercising when you're injured, instead of doing something you value or enjoy, or exercising to such a degree of intensity that it's notably different from the people around you.

Fear of weight gain. Being scared to gain weight may include the need to weigh or measure your body over and over again.

Focus on appearance. This includes checking in the mirror often for what you think are flaws and wearing layers of clothing to cover up.

Concern about being overweight. This includes concerns about being fat or having parts of the body that are fat.

Emotional changes. You may lack emotion or feel emotionally flat. You may not want to be social. You also could be angry or irritable. You may have little interest in sex.

Trouble sleeping. This also is known as insomnia.

Eating disorders are regarded to be severe mental health illnesses that have significant adverse consequences for health as well as quality of life. Several eating disorders have been strongly related to concerns regarding body image. Abnormal eating behaviours and dysfunctional body image are essential for the development of various eating disorders (Waller and Mountford 2015). Body image misperception is commonly seen among people and is an important component of various mental illnesses like obsessive–compulsive and related disorders and eating disorders. An Indian study shows a multitude of females misperceive how much they weigh (Deshmukh and Kulkarni 2017). This weight misperception could result in concerns regarding body image, eating disorders, as well as harmful eating habits (Khor, et. al, 2009). An inconsistency between the perception of body image and its idealized image can lead to body dissatisfaction. Body image distortions are uncomfortable and can have disastrous results. Poor body image may affect both, physical and psychological health and impact self-esteem, mood, and social and occupational functioning (Hosseini and Padhy, 2021).

Background

Eating disorders are strongly associated with body image concerns. Eating disorders tend to significantly impact the current and future health and quality of life of affected persons, their caregivers, and society. As body image is based on a social construct of ideal body image, it is essential to evaluate it in its cultural context.

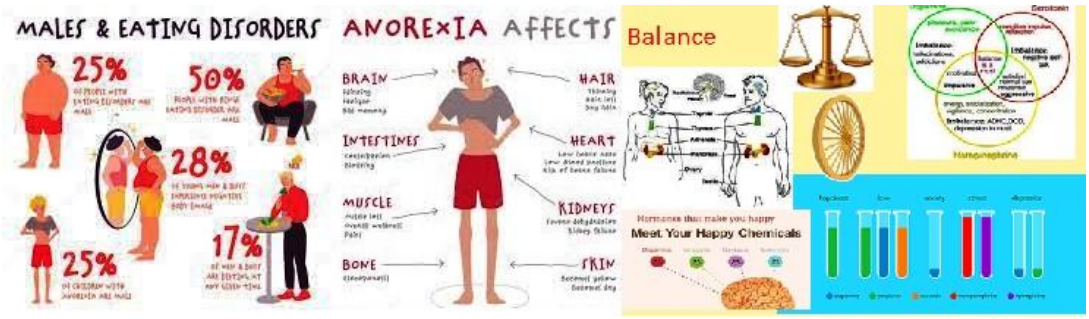
Methods

The current study explored the relationship among body image perception, perceived stress, eating disorder behaviour and quality of life among meditation and ordination participants in India. Measurements included Body Shape Questionnaire, Body Image Quality of Life Inventory, Eating Attitudes and Rosenberg Self-Esteem Scale. Multivariate analysis was conducted.

Procedure

List of all the Meditation and Ordination participants was obtained and they were approached through email and whatsapp with an invitation to take part

in this study. Online informed consent was taken. The survey was sent in the form of a google form link. The survey was in English language. The students were well-versed in English as the medical studies are in the same language (English). The students were contacted three times over a period of two weeks with reminders to participate in the study. Initially there was a 70% response, 20% with the second reminder and 10% in the third reminder. All of them were given the phone number of principal investigator to seek help for mental health concerns. Those who were identified to have mental health issues were given feedback and were offered treatment.



Results

There was a significant correlation between eating disorder behaviour and perceived body shape, body image, quality of life and self-esteem among our study participants. We also found eating disorder status was significantly associated with BMI, perceived body shape, quality of life and self-esteem. Eating disorders significantly impact the current and future health and quality of life of affected persons, their caregivers, and society. Young people are persistently flooded with social media conceptualizations of what beauty should look like. The current study explored the relationship between how we perceive our body, perceived stress, maladaptive eating behaviours and quality of life. It's challenging to establish a cause-and-effect link between perceived body shape, self-esteem, and body image quality of life, as this relationship can be bidirectional. Another limitation is a selection and self-report bias. The weight was self-reported in the study. Data was collected through a self-reported questionnaire which may cause reporting bias. Since this research is conducted on female medical college students, generalizability may be an issue. However, according to clinical and scientific data, this community is at a vital peril for body image issues and consequent eating disorders (Jahrami, et. al. 2019).

A significant correlation was seen between eating disorder behaviour and perceived body shape, body image, quality of life, and self-esteem among our study participants. This follows previous findings on body image and eating disorders which found that eating attitudes were significantly associated with body image concerns (Singh MM, et al 2019). We also found eating disorder status was significantly associated with BMI, perceived body shape, quality of life, and self-esteem in our study participants. Females tend to choose a more petite figure as compared to their present body shape as the ideal body shape as society tends to consider looks more critical in females (Deshmukh and Kulkarni 2017). Parents, peer influence, media, and cultural invasion further reinforce this (Tort-Nasarre, et al, 2021). Previous research has established a link between one's own opinion of their physical appearance, their body mass index, and their sense of self-worth (Soohinda, et al 2019). Eating disorders are among the most common psychosomatic diseases and are often associated with negative health consequences. The use of yoga as a treatment method in eating disorders is controversial discussed. The interviewee was a 38-year-old female patient suffering on anorexia nervosa and various psychosomatic-psychiatric diagnoses in her medical history. The patient reported that yoga recovered the soul contact which she lost and she had learned to perceive and feel herself again. She stated that yoga helped her to find access to her body and its needs and to cope with her traumatic experiences. She also reported that attitudes have changed in relation to her stomach in the treatment of her anorexia. The case report confirmed the positive effect of yoga on eating disorders. Research should pay particular attention to taking into account the influence of individual's co-morbidities, as eating disorders usually occur in association with co-morbidities (Thomas, et al 2014). Individuals with anorexia nervosa have a fear of being overweight or being seen as such, although they are in fact underweight (American Psychiatric Association, 2013, Clinic, 2022). The DSM-5 describes this perceptual symptom as "disturbance in the way in which one's body weight or shape is experienced" (Mc Namee, 2014). In research and clinical settings, this symptom is called "body image disturbance" (Levinson, et. al. 2019).

Treatment of anorexia involves restoring the patient back to a healthy weight, treating their underlying psychological problems, and addressing behaviors that promote the problem (Thomas, et al 2014). While medications do not help with weight gain, they may be used to help with associated anxiety or depression (American Psychiatric Association, 2013). Different therapy methods may be useful, such as cognitive behavioral therapy or an approach where parents assume responsibility for feeding their child, known as Maudsley family therapy (Pike, et al, 2014). Sometimes people require admission to a hospital to restore weight (Mc Namee, 2014). Evidence for benefit from nasogastric tube feeding is unclear; such an intervention may be highly distressing for both anorexia patients and healthcare staff when administered against the patient's will under restraint (Nolen, 2014, Sweeting, et al 2015). Some people with anorexia will have a single episode and recover while others may have recurring episodes over years. Many complications improve or resolve with the regaining of weight (Mc Namee, 2014).

Orthorexia nervosa is a proposed eating disorder characterized by an excessive preoccupation with eating healthy food (Hill, 2009, Rochman, 2010 Bratman, 2014). The term was introduced in 1997 by American physician Steven Bratman, who suggested that some people's dietary restrictions intended to promote health may paradoxically lead to unhealthy consequences, such as social isolation, anxiety, loss of ability to eat in a natural, intuitive manner, reduced interest in the full range of other healthy human activities, and, in rare cases, severe malnutrition or even death (Bratman and Knight, 2000). In 2009, Ursula Philpot, chair of the British Dietetic Association and senior lecturer at Leeds Metropolitan University, described people with orthorexia nervosa as being "solely concerned with the quality of the food they put in their bodies, refining and restricting their diets according to their personal understanding of which foods are truly 'pure'." This differs from other eating disorders, such as anorexia nervosa and bulimia nervosa, where those affected focus on the quantity of food eaten. Orthorexia nervosa also differs from anorexia nervosa in that it does not disproportionally affect one gender. Studies have found that orthorexia nervosa is equally found in both men and women with no significant gender differences at all. Furthermore, research has found significant positive correlations between orthorexia nervosa and both narcissism and perfectionism, but no significant correlation between orthorexia nervosa and self-esteem. Symptoms of orthorexia nervosa include "obsessive focus on food choice, planning, purchase, preparation, and consumption; food regarded primarily as source of health rather than pleasure; distress or disgust when in proximity to prohibited foods; exaggerated faith that inclusion or elimination of particular kinds of food can prevent or cure disease or affect daily well-being; periodic shifts in dietary beliefs while other processes persist unchanged; moral judgment of others based on dietary choices; body image distortion around sense of physical "impurity" rather than weight; persistent belief that dietary practices are health-promoting despite evidence of malnutrition *(Dunn and Bratman, 2016).*

Conclusion

The present study reports that elevated BMI and a greater degree of body shape concern lead to a lower body image, quality of life, and self-esteem and an increased risk for developing eating disorder behaviour in female medical students in India. This is of clinical implication to female medical students and healthcare professionals to engage early in primary and secondary prevention of eating pathologies. Increasing awareness of these facts among female students can help identify at-risk students and help the students seek timely medical support.

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