Disordered Eating in First Year University Students - A Qualitative Study Exploring Student and Supportive Service Needs

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Abstract

The study reports on a qualitative study exploring disordered eating in younger first-year students studying for professional health care related degrees (n=12), and illustrates some of the support mechanisms and services required to better support these students.

Key issues emerging in relation to disordered eating included: lack of understanding to the nature/risk associated; its use as a stress coping mechanism; isolation; perception as mental health issues with attaching stigma and reticence to acknowledge; concealed experience; wariness of eating in more public refectories. Finally positive about their arrival at university and that their experience with disordered eating could potentially add to their repertoire as future health care professionals.

The University could; further develop its outreach to new students with a more consistently supportive program including stress training and more support via student buddy; extend its program on positive mental health; greater awareness particularly the sub-clinical group; consider some small changes and adaptations to the refectory eating areas to better facilitate at-risk students. Significantly 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.

Background

Disordered eating represents an over focus on body shape and weight reflecting in conditions marked by abnormal and disrupted attitudes to food and patterns of eating [1,2]. Evidence suggests that adolescence and early adulthood are the most vulnerable times to develop disordered eating patterns and predominantly those affected are young women aged 15-25 years [3-5]. Disordered eating can form part of a spectrum of disturbed eating patterns and behaviour presenting both in terms of significant and evident disability (clinical anorexia nervosa, bulimia nervosa and binge eating) or as a ‘subclinical syndrome’ but with a significant risk of psychological, social and physiological damage [3,6-9]. The use of the term ‘disordered eating’ is possibly less pathologising and stigmatising than the use of the term ‘eating disorder’ and the connotations that may attached to this. The term disordered eating can reflect more the spectrum of disturbed eating patterns evident to the researcher during the course of the study and in reviewing the collective narrative from discussion.

The first year as an undergraduate university student can be significantly stressful [2,10-12]. We also know that stress may contribute to, or trigger patterns of disordered eating [4,13]. Young people cope with stress in various ways [14,15], and disordered eating patterns may represent a coping mechanism in periods of acute or chronic stress [4,16-19].

Some of the contributory factors to a sense of coherence may help protectively for those who may be at risk [20-22]. A sense of coherence is represented by the ability to cope under stress and to use appropriate resources for stress management; thereby focusing less on the individual and individual disability and more focused on building and acquiring resources for health and wellness [20,21]. Symptoms of disordered eating are apparently not uncommon amongst the university population although perhaps often concealed or presenting sub-clinically [3,5,23]. The Royal College of Psychiatrists’ [12] report on the mental health of students in higher education suggests potentially significant patterns of disordered eating within the undergraduate student population.
Timing

Pilot work was undertaken in late 2012 and the formal study in the latter part of 2013 extending to spring 2014.

Phase 1 involved a narrative analysis of the open questions. Phase II applied qualitative and phenomenological methodology involving thematic content analysis of the semi-structured questions. The researcher used a conceptual or analytical framework in preparing the interview materials for analysis as a deductive method of creating analytical categories for qualitative analysis [27]. The conceptual framework was drawn from the salutogenic model [21,24] (Table 1).

Credibility and Rigour

This research sought to maintain rigor and credibility throughout the study. Confidentiality was assured and all tapes and transcripts analysed. Ethical approval was obtained for the research from one of the University ethical committees. Strict ethical standards were adhered to throughout the study, in engaging with a sometimes very sensitive subject and with a potentially vulnerable group.

Findings

The study examined 12 (n=12) first-year undergraduate students perceptions, understanding and management of disordered eating with analysis reflecting the three components of salutogenesis theory namely (1) comprehensibility; (2) manageability; and (3) meaningfulness.

Table 1: The Conceptual Framework-Undergraduate Students and Disordered Eating.

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| Although all of the students were in or at the end of their first year in studying for their professional health related degrees, there was significant evidence or vagueness and misunderstanding of the nature of disordered eating, its causes and the possible risks attaching to this behaviour (5).

‘It never crossed my mind that I would ever end up developing an eating disorder, but it came as a consequence of that’ (the way she managed and sought to control her weight). AO4

‘I didn’t think I was unwell—it was only later I realised’. AO9

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<th>Manageability-disclosure and impact</th>
<th>Manageability - and support</th>
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<td>Emotional support</td>
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<th>Manageability-the prior context, supporting or driving</th>
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<td>The public perception</td>
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<th>Comprehensibility-social imbalance or pathology</th>
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Manageability represented the largest area for data generation, with indication of some of the students experiencing significant stress within a social matrix which was sometimes seen as rather chaotic.

‘I just see it as something I can control, because I think it’s because I’ve had such a lack of control over a lot of my life, that now I just like having the food and exercise.’ AO5

‘Yes, I think so, because when everything else feels out of control, it is the one thing you feel you can control. It’s something that you are in charge of. I think it goes back to the whole “everything else feels so out of order”, and its gaining some sort on hold on everything that you can control...it’s the sort of thing...’ OB1
Although stress coping was not a particular focus of the study, the narrative analysis suggested a significant number of students were possibly using disordered eating as a stress/distress coping mechanism (at least in part), a need to control a significant part of their life (7),

`Yeah, I think whenever I'm stressed out about work, my eating would be worse, anxiety and stress'. AO5

`I think some people have their good stress/positive stress set apart from the negative, but I need to work out how to do that'. CI

Disclosure About half of the students suggested experiences of disclosure of their condition had either resulted in less than positive responses or their perception was that it would not be positively viewed (6).

`Um, I think a negative, superficial response to try and close the conversation, so I don't talk anymore about it. I've opened up to three people, one of which would be my partner of about 5 years...it was an awful response'. AO4

Whilst the message generally from the university and university tutors appeared to have been interpreted positively by the students, there were some suggestion of a mixed approach to messaging (from perhaps some of the tutors/lecturers) within this issue and within (what were perceived by some at least as) mental health issues (5).

`I was surprised that in a nursing school there was such... not a stigma, but a degree of naivety or ignorance, or maybe it's just genuinely people's views and opinions that people with mental health are never going to be healthcare professionals'. CI

Students expressed concerns about any degree of acknowledgement or disclosure:

`You don't want anybody to find out... they would threatened to take action and you'd be kicked out—then the whole thing would be discovered not just them but everybody would find out—you'd feel ashamed'. AO9

This was particularly evident in terms of the perceived impact both academically and professionally; and in some cases they appeared to feel that their academic progress could be significantly disrupted and their professional careers possibly damaged as a result of disclosure (6). Although anecdotal, some of the students suggested that there were other colleagues (perhaps a significant number) who were affected by disordered eating behaviour:

`I know a few other girls in the year that think if they ever came out with it, they would just be told that they weren't fit to nurse'. AO4

Support Some of the students were a little reticent to seek counselling for disordered eating either through fear of stigmatisation or misunderstanding both in terms of the nature of and level of confidentiality that would be observed within counselling sessions:

`Um, not really for this issue as much it's not really talked about that much, you have to go and look for yourself...it then seems like too big of an issue...it's almost like you know, asking somebody to go to counselling...again the stigma probably comes up. I don't like to think about it as such a big deal'. A11

Effective promotional and environmental support was seen as significant by number of students in terms of helping to support students (11).

`Um, I think maybe just an awareness of eating disorders, and kind of a recognition that there is help, and that you won't be almost stigmatised, that you're not going to get kicked off your course or anything because you are ill...that kind of thing... I was always really worried about starting medicine, whether they'd let me do it'. AO5

The importance was also emphasised by a number of students in terms of an effective, diplomatic and more reassuring outreach to students struggling with this condition or who might be at risk (11). The assurance of anonymity was also significant for a number of the students if they were to discuss issues of disordered eating.

In terms of a practical eating environment, it was evident from a significant number of interviews that students who experienced or were at risk from disordered eating felt less than comfortable in crowded collective eating refectories, and some degree of relative privacy or provision of some smaller and more discreet eating areas could possibly help encourage some of those at risk to eat more consistently or substantially during the day (9).

`but I find that difficult when I don't like other people seeing me eat, -I'm not so bad about it now, but I used to loathe eating in front of people ----- because I think eating in public is a big thing'. OB1

`possibly difficult to eat in front of others...I feel that people may be judging you on what you're eating...a few more discreet areas... important however that those who have problems with should eat together with some others ... it's encouraging and normal'. AO8

An historical experience reflecting inconsistency, professional negativity, some degree of criticism and negative labelling, together with perceptions of a limited sense of control, could act to undermine the student's sense of manageability in new situations of potential stress.

Meaningfulness

For a significant number of students arrival at university was seen very positively, had significant meaningfulness, and possibly represented a real opportunity in their lives (11).

`Yeah, I mean Queen's had got me up in the morning, and studying again, it's just made everything more positive...Yes, because it's getting them away from one of the trigger factors, and then they are able to get more of a sense themselves'. AO4

`I see it as an achievement...I was over the moon to get here'. CI

At a practical level and in terms of developing a supporting and contextual approach to meaningfulness for the students, some of the students suggested that there should be more focus on the individual rather than the condition, more emphasis upon their achievements in obtaining a university place rather than pathologising differences as disability, and this might help to present a more positive image (4).

`I think when people know about you and value other things you do that aren't in regards to how you look... if you take the dysmorphism of the table and build a person up, and then they start to get more confidence within themselves'.AO4

Some of the other students felt the experience with disordered eating could help to inform their understanding in practice as health care professionals (7).
A significant number of the students associated disordered eating with mental illness (n=8), again this association is mirrored in some of the literature [16,35,40]. Whether this is reflected in their reticence to acknowledge to tutors that there was an issue was not evident from the study and the study did not explore this. However, as already noted there is debate within the literature as to what extent disturbed eating patterns represent mental illness; Katsch's [41] questions the criteria used to diagnose disturbed eating patterns and the British Psychological Society [39] underlines the need to acknowledge the impact of social context arguing for more focus upon the spectrum of health and on difference rather than disability. Again this approach is perhaps more reflective of a salutogenic model of health and wellbeing [20]. However, within this study, there appeared to be a significant correlation between perceptions of mental illness and perceptions of a negative response to disclosure.

Some of the students had already experienced health care services within the context of emerging disordered eating (n=5). In some cases the experience had been less than positive and some of the students felt that healthcare professionals did not understand the issues associated with disordered eating (n=4). Both the Royal College of Psychiatrist [12] and the British Psychological Society [39] emphasise the need to focus less upon pathology and more upon consistency of support and understanding when seeking to support and outreach to those struggling with problems in living or challenges to the individuals mental health. Generally the students felt that disordered eating attracted a negative if not stigmatising label (n=9). This would seem to correspond with the literature where Wingfield et al. [42] suggest a degree of stigma attaching to university students manifesting disordered eating and might possibly correlate with low treatment seeking evident amongst some students [5].

A very significant proportion of the students felt the need for support at least during their early period at university (n=11). Again
a significant proportion of the students felt that the eating arrangements in the refectory did not really facilitate those who might be experiencing or at risk from disordered eating, and suggested the need for at least some smaller and discreet areas where students could eat in less large groups (n=9). The Healthy Universities initiative underlines the need for context and setting to be addressed for student support to be effective [43,12]. Scheel [44] suggests that setting and some degree of discreet eating facility is sometimes important for those who may experience disordered eating.

Again a significant number of the students felt that an educative programme directed towards other students could help to both address the negative label which they perceived as attaching to disordered eating and also help to encourage students to come forward if they had issues in this regard (n=10). However a significant number of the students felt that the counselling and support services would need to reassure students that they understood the condition and that there wouldn’t be academic and professional consequences following through from disclosure; importantly anonymity was emphasised by the students (n=10). Evidently some of the students did not fully understand the extent, the quality and the professionalism of the student support and counselling services already provided by the university (n=4). Again the Royal College of Psychiatry [12] report on student mental health underlies the need for service support availability, the need to extend training in mental health issues and to raise the visibility of service provision to the students.

A very high proportion of the students felt particularly positive about their arrival at university (n=11) and a significant proportion of the students acknowledged confidence in their personal tutors (n=6). The narrative within this dimension of the study was substantially positive and meaningful. All of the students were studying to healthcare related undergraduate degrees and a significant proportion felt that their experience with disordered eating could help to better inform their future understanding and practice as a potential health care professionals(n=7); a focus upon difference rather than disability and more reflective of a salutogenic approach to wellness [20,21,24].

Conclusion and Recommendations

The study suggests that a proportion of students struggle with disordered eating at a concealed and subclinical level. The study also suggests that many of the students do not understand the potential risks involved in this and that disordered eating may be used as a form of stress coping. This can significantly isolate the students at a time when they would need to build new relationships and supportive bonds. A number of the students associated disordered eating with mental illness, reinforcing the sense of stigma, concealment and reticence to acknowledge or discuss their issues and concerns.

In addition, for a number of the students open refectories would provide limitations to their wish to eat publicly, again raising stress levels, or increasing a sense of isolation. More positively a significant proportion of the students acknowledged confidence in their personal tutors (n=6). Evidently some of the students did not fully understand the extent, the quality and the professionalism of the student support and counselling services already provided by the university (n=4). Again the Royal College of Psychiatry [12] report on student mental health underlies the need for service support availability, the need to extend training in mental health issues and to raise the visibility of service provision to the students.

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• Education and awareness training to staff and particularly to health care professionals within the university when approaching or presented with students who may be at risk, with a better informed and consistent understanding and approach.

• Focus upon students who are evidently struggling with disordered eating but seeking to encourage those who are at risk (subclinical) to seek support.

• Focus upon positive health education particularly to the ‘ fresher’s with more focus upon a health promoting mental health wellness programmes and seeking to more effectively educate to and to de-stigmatised disordered eating amongst the student population.

• Effectively outreaching and facilitating/training in terms of stress coping, stress appraisal and stress management.

• Practically addressing such things as the refectory eating environment and providing at least some more discreet areas for eating which for some students might be more supportive to their issue with food and eating.

• Orientation of the ‘ fresher’ undergraduate programme within a more health promoting salutogenic model focusing upon developing and sustaining a sense of coherence in all the new students including those who may be at risk from disordered eating to use the ‘ window’ of new arrival and enthusiasm more effectively.

Competing Interests

The authors have no competing interests with the work presented in this manuscript.

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